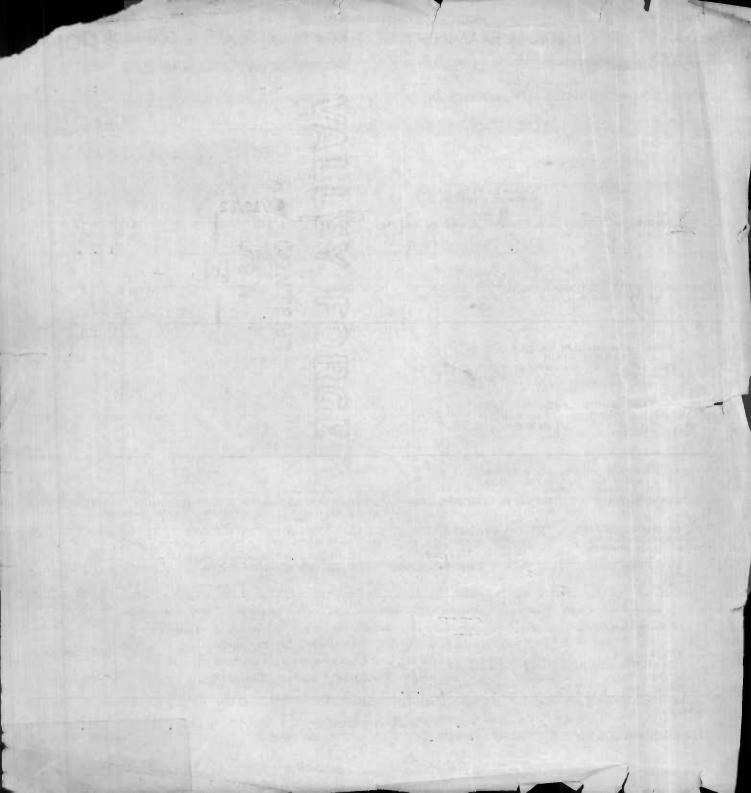
BIRTH NO.

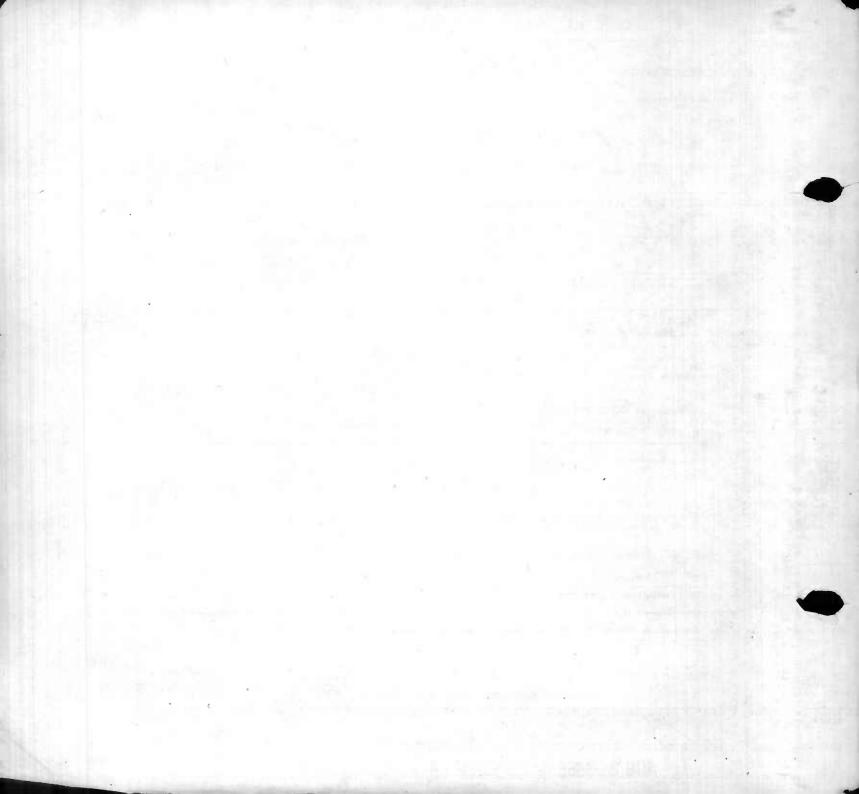
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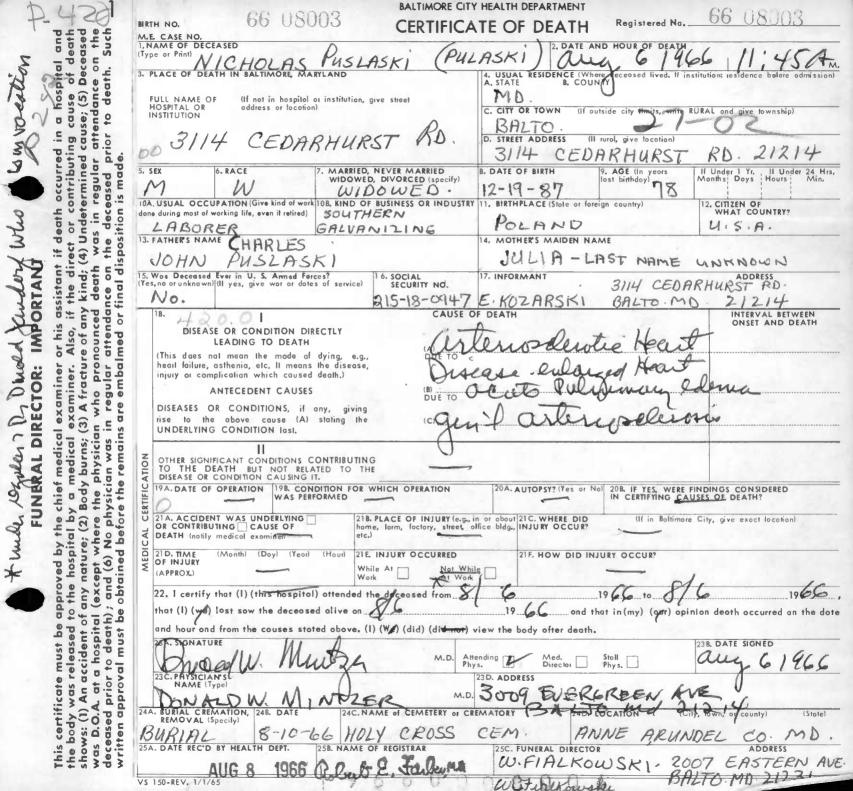
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2001

M.E CASE NO.			1	
1. NAME OF DECEASED		2. DATE	AND HOUR PRONOUNCED DEA	AD .
'	LLY	8-4	-66	3:20 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	D	4. USUAL RESIDENCE (WH	nere deceased lived. It institution:	residence before odmission)
\$69		Maryland	B. COUNTY	12/1/1/2
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET	C. CITY OR TOWN (If ou	tside corporate limits, write RURA	ond give township)
INSTITUTION	100			357 BUODEN
TOTAL HODRING HOODEN	-	Baltimore		
JOHNS HOPKINS HOSPITAL	n l	D. STREET ADDRESS (If re		
5. SEX 6. RACE 7. MARRIED. NEVER MA		9900 Harfor	d_Road	
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCED(s		B. DATE OF BIRTH	9. AGE (In years If Un Month	der 1 Yr. If Under 24 Hrs.
Male White Married		78=ti=+966 9	114/46 23	
OA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or fo		TIZEN OF
State Worker   Md. Training	Sákaal	Pal 4: mana		HAT COUNTRY?
3. FATHER'S NAME		Baltimore,	Maryland	U.S.A.
William Volle	100			
William Kelly 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL		7 1010000000000000000000000000000000000	Jeanette Slafe	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service)  SECURIT		7. INFORMANT	ADDR	ESS
No	900	Mrs Evelyn L	. Kelly 8822 Bela	ir Road //3
18,	CALLSE	OF DEATH	orra corr	INTERVAL BETWEEN
C7/9/19	CAOSE	O. DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
1.41	DE TO	vere body burn	S	
(This does not mean the made of dying e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)			B	Maria Cara
	-			
ANTECENDENT CAUSES	2)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	UE TO	*************************	***************************************	
UNDERLYING CONDITION LAST.				
Z	)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPER				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.		••••••	•••••••••••••••••••••••	
19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPER	RATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE FINDINGS	
WAS PERFORMED		No	IN CERTIFYING CAUSES OF	DEATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF IT	NJURY (e.g., in	or about 21C WHERE DIE	O (If in Boltimore City, give exact	(ocotion)
UTING CAUSE OF DEATH.	ory, street, off	ice bldg., INJURY OCCUR?	Interstate 695 -	1,056 ft.
		East of	Kennedy Highway	5 3 00
OF INJURY (Month) (Doy) (Year) 1 (Hogr) 21E. INJURY	OCCURRED	Who DID II	NJURY OCCUR? Driver o:	f pickup truck
(APPROX.) 8 23 166 AM m. WHILE AT WORK	NOT W	Little many -	trol while trying	
22.		TOOL COIL	CLOI WILL CLYING	
I certify that I held an Inquiry Inspectio	n X Auto	psy and that an	this basis, death in my opin	on front sea
resulted fram: Natural causes Accident X	Spicide	Hamicide	Undetermined manner	
	//	CHIEF MEDICAL		
ACTUAL STORY	X			DATE SIGNED
SIGNATURE 1990	1110	ASSISTANT MEDICAL		0 5 66
EXAMINER'S	M/D	ASSOCIATE MEDICAL	EXAMINER	8-5-66
NAME (Type) RUDIGER BREITENECKER, BA. BURIAL CREMATION, 23B. DATE 23C. NAME of		CD514.4.50.0V		
EMOVAL (Specify)	CEMETERY or	CREMATORY 23D	LOCATION (City, town, o	r countyl (Stote)
	hristian	Cemetery :	Baltimore Co.	Md.
4A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRA		24C. FUNERAL DIRECT		ADDRESS ( )
	2	,		(36)
and a social of a start	Deu MA	Tassal 1	Furnis Hora 740	SI Bilan Rend
			The tree tree to the tree to t	



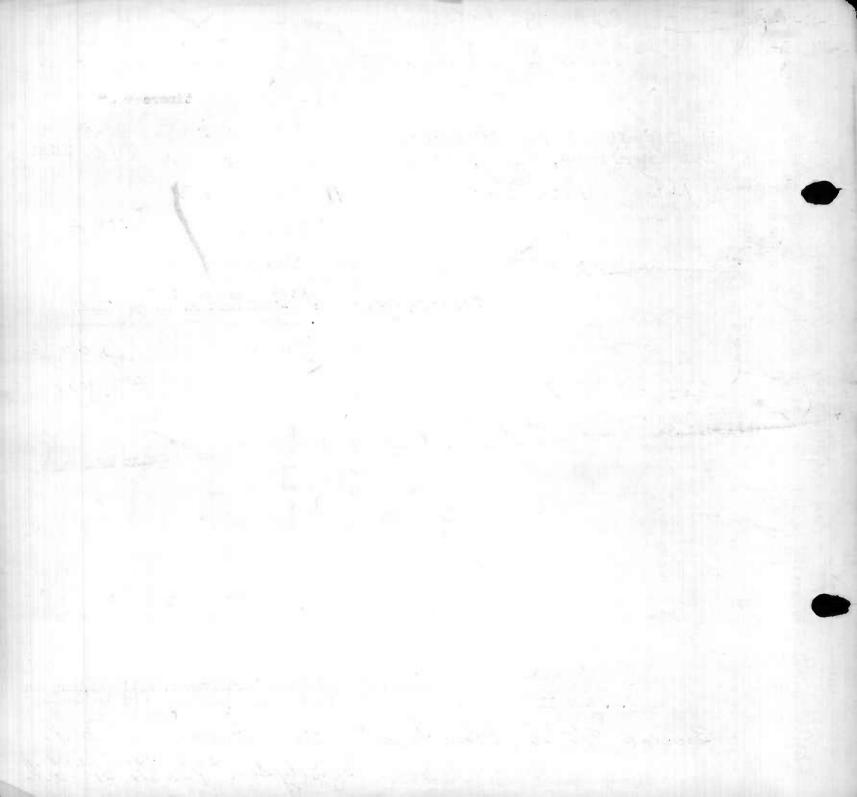
00 00009	BALTIMORE CITY	HEALTH DEPARTMENT		20 10000
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	66 08002
Type or Print SED () ED19E 9	1. Jonit	2. DATE AN	HOUR OF DEATH	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION oddress or location)  LESTES II HOSESIA		C. CITY OR TOWN (II out	side city limits, write R	and the second
1) ESICO 11 11020 1		D. STREET ADDRESS (IF	rural give location)	5
	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
111.	, Bit Okce (specify)	5/24/03	63.	Total Total
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)		11. MRTHPLACE (Stoje or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
ALIUCE TEPSI	- Co/c.	Red.		4519
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	No.	) '
George.		E/12H.	be 74 1	esig
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no of anknown (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
HES WO H W	SECURITY NO.	FAMely	· JAME	S
16. 143XI	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	77.70	on shiel an enem		
(This does not mean the made of dying, e.g.,	(A) BI	onchial pneum	OUTE	······································
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES	(в Нур	ertensive car	dio-vascul	.ar
DISEASES OR CONDITIONS, if any, giving	DUE Wis	ease		
rise to the above couse (A) stoting the	(c) Uri	nary obstruct	ion	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B.	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location!
DEATH (notify medical examiner)				
21D. TME (Month) (Doyl (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX) Whi	ile At Not While			
22. I certify that (I) (this haspital) attended the		Jume 5 1	966 to a	1966
that (I) (we) lost saw the deceased alive on	Chema	1 /	_	ion death accurred on the date
ond hour ond from the couses stoted above. (I	\ (W_ \ (4:1)		or th (my) ( <del>cas)</del> opin	nory deorn accurred on the dor
23A. SIGNATURE	) (me) (qiq) tore week o	lew the body offer death.		23B, DATE SIGNED
	M.D. Atte		Stoff	
23C. PHYSICIAN'S		Director Director	Phys.	8/3/66
NAME (Type)		203 E	. Patapsco	Avenue
Samuel Rubin,	M.D.		more, Md.	21225
4A. BURIAL CREMATION, 24B DATE 24C.NA	ME of CEMETERY OF CRE		CATION (City	y, town, or countyl (State)
1-4-66	Bacto Ke	il.	Keelma	ne
25A. DATE REC'D BY HEALTH DEPT. 258 NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	17 6	FORE COL
AUG 8 1966 (P.O. R.)	3 Fallman	the Colly	-1000	Tour cel.
VS 150-REV. 1/1/65		00000		



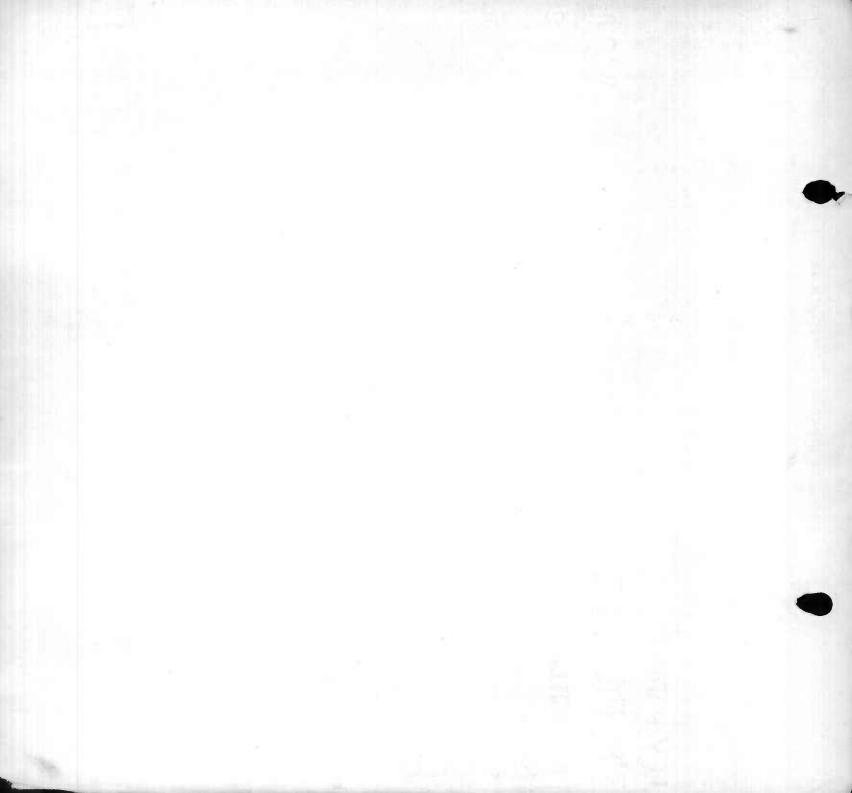




the standard and a second Hed Beltoner Delterm CD my pal 15 Chath St. May be warred OB 12681-41-5 Menfland usil Stephen waters Castellan Passell Karroll pringery May 3-140 DE CALE TO STATE THE DAR Rome Ja Ballone C. Sy Hospital .



VS 150-REV. 1/1/65



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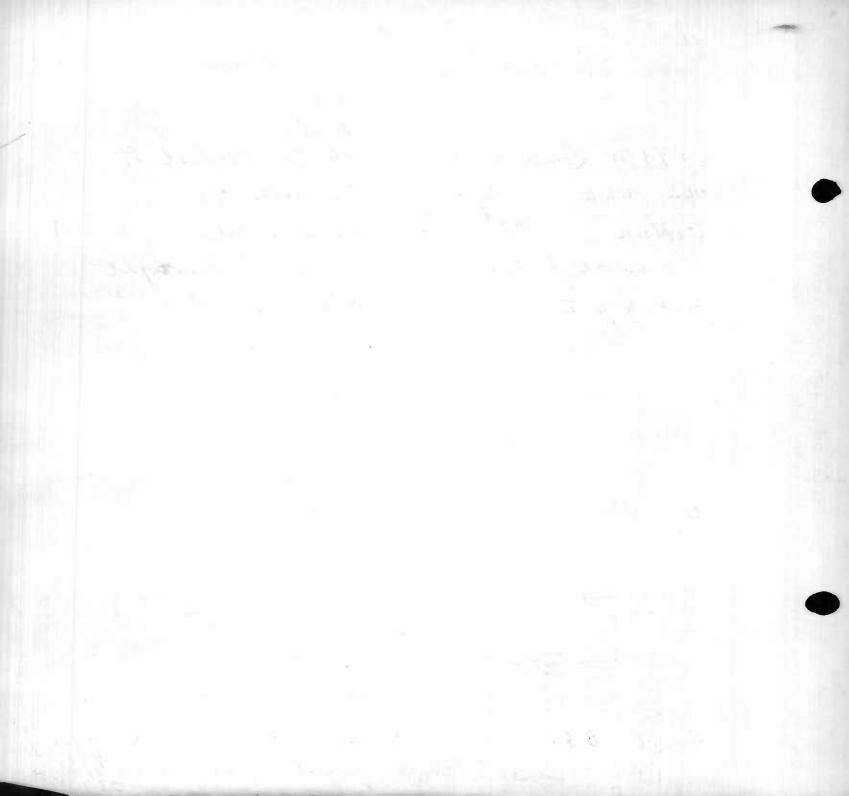
-	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICATE OF I	DEATH Register	ed No.
1=	L CASE NO.	TEASED			2 DATE AN	D HOUR PRONOUNCE	D DEAD
(Ту	oe ar Print)	Paul		FRONCEI	K. JR. Auf	ust 6th 10	6 540 A.
			HERE PRONO	JNCED DEAD	A. STATE MARY	deceased lived. If instit	Baltimore
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outsid		RURAL and give tawnship)
3		city Ho	spita	a.Es	D. STREET ADDRESS (If rural, 1744 Les.		21222
5. S	Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED(specify) Tied	B. DATE OF BIRTH Aug. 30- 1941	9. AGE (In years lost birthdoy)	Manths, Days, Hours, Min.
		working life, even if retired)		pastal Paint	11. BIRTHPLACE (State or foreign Maryland	n country)	12. CITIZEN OF WHAT COUNTRY?
13.1	FATHER'S NAM	Paul M. Fro	ncek Sr		14. MOTHER'S MAIDEN NAM Louise Ruhl		
15.3	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
(Yes	No ar unknown	Off yes, give wor or date	es of service)	SECURITY NO. 219-38-8932	Father, Paul M.	Froncek Sr.	# 4,a,b,c,d.
	1B.	024		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
NO	DISEASES RISE TO TH	ANTECENDENT CAUS OR CONDITIONS, IF / E ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	(B)			
CATION		II NIFICANT CONDITIONS DEATH BUT NOT RE					
CERTIFI		CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
¥	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 2 C. WHERE DID	(If in Baltimore City, aiv	e exact lacation)
EDIC	UNDERLYIN G	SOR CONTRIB-	home etc.)		in or about 2.C. WHERE DID office bidg., INJURY OCCUR?		
ME	21 D TIME	(Month) (Day) (Yea	or) (Hour) 2	street	21F. HOW DID INJU	e and Youngs	LOWII KU.
	OF INJURY (APPROX.)				while a driver of		truck pole.
	22.	tify that I held on	Inquiry 🗌	Inspection Au	topsy ond that on the	is basis, deoth In m	y apinlon
	resul	ted fram: Natural co	ouses 🗍 📝	Accident Sulcid	e Homicide CHIEF MEDICAL EX	Indetermined monne	
	ACTUAL		rh, C	ZNS M.D	ASSISTANT MEDICAL EX	(AMINER X	DATE SIGNED
	EXAMIN NAME (	Type) WCITTET U			ASSOCIATE MEDICAL EX		3, 6, 66
	BURIAL CRE MOVAL (Specify Burial			Gardens of F	Trr		town, ar county) (Stote) Balto. Co. Md.
24/		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
		AUG 8 1966	Rose	E Fallena	JOHN J. DUDA	A, Dundalk, 1	Md. 21222
VS	151-REV. 1/1/	65	10.9	6 4 0 7	08010		

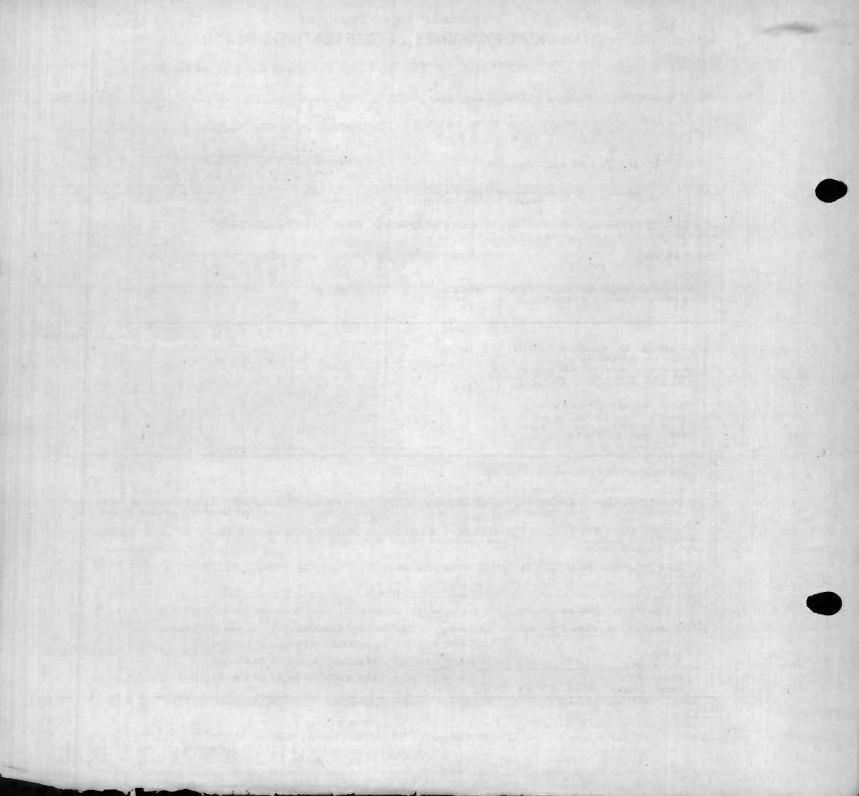
A STATE OF THE STA CHILDREN AT THE CO.

VS 150-REV. 1/1/65

VS153-8/10/66

66 08009	BALTIMORE CIT	TY HEALTH DEPARTMENT		66 08009
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	00 00009
M.E. CASE NO.	100	2. DATE AND	HOUR OF DEATH	
Type or Print) Patrice	p & Des	8/	51.66	6 A
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID /	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admissio
FULL NAME OF (If not in hospital or inst	titution and about	7.0		
HOSPITAL OR oddress or location)	monon, give street	C. CITY OR TOWN (If outs	ide city limits, write RL	RAL and give (township)
NASTITOTION		Baltimore		1-05
00-1180			rol, give location	
0 8 93 W. Lomba	id St.	893 W. Z	Combard	Et
SEX 6. RACE 7, M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In veors	If Under 1 Yr. If Under 24 Ho Months Doys Hours Min.
male white	Linear VR.	11/20/1892	4 3	Telling Doy's Hours Helling
DA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF JUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
one during most of working lite, even if retired)	allo- filly	Pot	ne d	WHAT COUNTRY?
3. FATHER'S NAME	use a ago.	14. MOTHER'S MAIDEN NAM	mu.	M. N. 11
·	A	1	7 7	. //
maurice f. of	see	conne 1	· Gruore	ant
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wo or dates of s	service) 1 6. SOCIAL SECURITY NO.	IV. INFORMANT		ADDRESS
yes Wall T		pr William	m Dee	- CAN OVE
C78. // > 2	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y	,		ONSET AND DEATH
LEADING TO DEATH	(A) a	teri-sclerote	c Carlin Vago	Pis years
(This does not mean the mode of dying heart foilure, osthenia, etc. It means the	g, e.g., DUE TO			1.
injury or complication which caused death				
ANTECEDENT CAUSES	(B)	***************************************		•••••••••••
DISEASES OR CONDITIONS, if ony,	giving			
rise to the above couse (A) statis	ng lhe (C)			
II			<del></del>	
OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING			0,
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	wernet.		Jens
19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMI		no	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	onice biag., INJURI OCCUR!		
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
21 D. TIME (Month) (Doy) (Yeor) (Hotel)  OF INJURY (A PPROX.)	While At Not W	hile —		
	Work At Wor			
22. I certify that (1) (the hospital) atte	ended the deceased from		60 to au	1966
that (1) (**) lost sow the deceased oli	ve on the	3 19 6 6 and the	tin(my) ( <del>oa)</del> oplni	on death occurred on the de
and haur and fram the causes stoted of	bove. (I) (We) (did) (did ant)	view the body after death.		
23A. SIGNATURE	- /			23B. DATE SIGNED
alorman	Polines M.D. A		toff	8.5.66
		nys. Director 1	hys.	, 40
23 C. PHYSICIAN'S		23D, ADDRESS		
NAME (Type)		23 D. ADDRESS	ole Assessed	
Abram Goldman	M. C	23D. ADDRESS 24123 Frederi	ck Avenue	
Abram Goldman		23D. ADDRESS 24123 Frederi		, town, or county) (State)
Abram Goldman  (4A. BURIAL CREMATION,  24B. DATE	M. C	23D. ADDRESS 24123 Frederi		blouch PA
Abram Goldman  Abram Goldman  AA. BURIAL CREMATION, REMOVAL (Specify)  Burial 8/8/66	M. C	23D. ADDRESS 24123 Frederi		blouck Rd
Abram Goldman  Abram Goldman  REMOVAL (Specify)  Burrial 8/8/66	Mew Cathe	23D. ADDRESS 24123 Frederi REMATORY 24D. LO 24D. LO 24D. LO 24D. LO 24D. LO		Houck Rd Appress Show Hallins



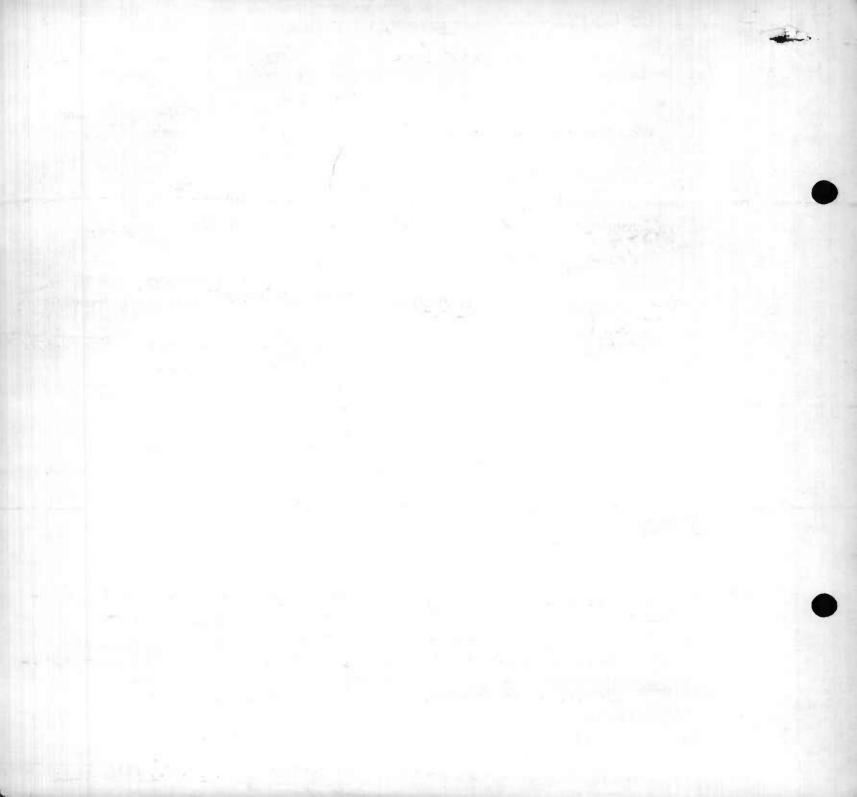


66 08011 BALTIMORE CITY HEALTH DEPARTMENT

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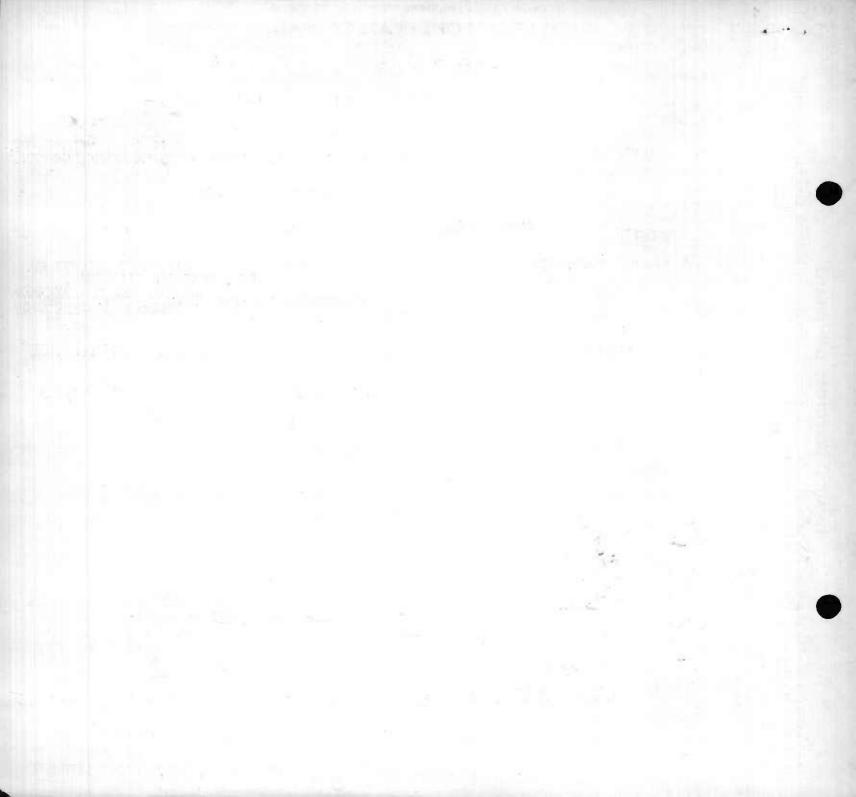
BIRTH	NO.	MEI	DICAL EX	AMINER'S C	RTIFICATE	OF D	EATH Register	od No.
M.E.	CASE NO.							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. NA	or Print)	CEASED	1.3				HOUR PRONOUNCE	D DEAD
. /		CLYDE	H	MILLER		_	1 3, 1966	4:21 P M.
	NAME OF	(IF NOT IN HOSE		TION, GIVE STREET	A. STATE Mary 1	and	B. COU	Balto
HOSE	TUTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN	(It outside	corporate limits, write	RURAL and give township)
					Balti	more		25 700
	Tohne	Hopkins Hos	enital		D. STREET ADDRESS	S (If rural,	give locotion)	
33	Joiling	Hoberna Hos	pricar		6221	Golder	n Ring Road	
5. SE)	Male	6. RACE White	WIDO WED, I	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1/8/19	9. AGE (In years last hirthday)	Months Doys Haurs Min.
10A I	ISUAL OCC	IPATION (Give kind of w		BUSINESS OR INDUSTRY		te or foreign	47	12. CITIZEN OF
	during mast of	warking life, even if retired	1) 13					WHAT COUNTRY?
10 80	Supt		ethl	ehem Steel Co	Paenna	FNI NIA 14 F		U.S.A.
13. FA	THER'S NAM	ΛE			14. MOTHER'S MAID	EN NAME		
		Richa	rd Miller	•			Emma Stag	er
		D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
(103,	No	(If yes, give war ar d	utes at service/	202-10-3465	Man C.	20177	(007 (17)	
120			10000			MILLE	r esst cold	en Ring Road
1	B. PICEA	SE OR COMPITION	DIRECTI V	CAUSE	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		Arteri	osclerotic	Heart	Disease.	
	(This does heart foilure injury or co	nat mean the mode , asthenio, etc. It med mplication which cause	ol dying, e.g., ins the disease, d death.)	DUE TO	OBCACLUCAC.	MCGI.		
		ANTECENDENT CAU		(B)				
	RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE	DUE TO				
_	UNDERLYII	NG CONDITION LAS	Т.	(C)				
6-				10/				***************************************
F	OTHER SIC	III	IC CONTRIBUTION	10				THE RESIDENCE OF THE
<u> </u>	TO THE	DEATH BUT NOT	RELATED TO T					
Ē.		R CONDITION CAUSI						
CERTIFICATION	9A, DATE OI	OPERATION 198. CO	ERFORMED	WHICH OPERATION	Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS	
¥ 2		L CAUSE WAS	21B.	PLACE OF INJURY (e.g., larm, loctary, street, o	n ar about 21C. WHE	RE DID	II in Baltimore City, giv	re exact lacation)
E L	TING CAL	OR CONTRIB-	etc.)					
4	TO TIME	(Manth) (Doy) (Y	eor) (Haut) 2	IE. INJURY OCCURRED	21 F. HOW	DID INJU	RY OCCUR?	
(	APPROX.)		m. V	VHILE AT NOT V	WHILE ORK			
2	?2. 1 cer	tify that I held on	Inquiry 🗌	Inspection Aut	opsy 🔀 and th	not on this	s bosis, deoth In m	y opinion
	rosu	Ited from: Notural	couses X A	ccident Suicide	Homicide	U	ndetermined manne	r 🗌
			1		CHIEF MED	ICAL EX	AMINER	DATE SIGNED
	SIGNAT		hallers	Tell. M.D.	ASSISTANT MED	ICAL EX	AMINER 🔀	
	EXAMIN			8	ASSOCIATE MED			8/4/66
	NAME (	Type) Char		tty, M.D.				
	BURIAL CRE		23	C. NAME of CEMETERY o	CREMATORY	23 D. LC	OCATION (City,	tawn, ar caunty) (State)
	Buria	_   0 0 -	1966	Gardens of Fa	ith Cemeter	B	altimore, Co	Md.
24A.		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		-	ADDRESS ( )
		AUG 8 196	6 P.O.	Fe Farker M. D.	Lan	0 7	0 11	711218
VS 1	51-REV. 1/1/		Torras	5 6 0 0	0000	Pro !	Maria P	TO STATE OF THE ST

vs 153-8/12/66



B	-250	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Avritten approval must be obtained before the remains are embalmed or final disposition is made.	1 1
	iospita se of (5) Dec ince o death.	
	g cause; (trendo	
	ibutin ined contact ular a	100
	his assistant if death occurre so, if the direct or contribu of any kind; (4) Undetermined unced death was in regular tendance on the deceased so or final disposition is made	
	if dea ect or 4) Und was the d ipositi	
TANT	istant he dir cind; ( death ce on nal dis	1
POR	o, if t fany b nced endan	
% ::	r. Als	
FUNERAL DIRECTOR: IMPORTANT	A frac who p regul	
DIRE	cal ex cal ex ns; (3) ician vas in	
ERAL	mediah bur	
FUN	he chi I by a (2) Boar re the physi	
	ospita ospita ature; ot whe (6) No	
D	the hany no (excell); and	
	it be a lised to ent of spital leath)	
	s relegant accident a hoor to coval m	
	dy was (1) An O.A. a ed pri	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

		BALTIM	ORE CITY	HEALTH DEPARTMENT		00 00049
BIRTH NO. M.E. CASE NO.	66 08013	CER1	TIFICAT	E OF DEATH	Registered Na	66 U8UI3
NAME OF DI	Rebecca	BEG	UN	8-3	- 66	6,25 pm.
FULL NAME HOSPITAL O' INSTITUTION	R oddress or locotion	or institution, give street n)		C. CITY OF TOWN (11 0)	salt. City tside city limits, with RU	
-11	LEVINDALE AGED			CHAPANAMANANANANANANANANANANANANANANANANAN	MANAKAMANAN	en kekandakkan nandark
S EX	6, RACE	7. MARRIED, NEVER MARR WIDOWED, DIVORCED (	specify)	KAKASAKASAKAKAK	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
one during most	of working life, even if retired)  EWI FE	10B, KIND OF BUSINESS OR		Russia	ign country)	12. CITIZEN OF WHAT COUNTRY?
Nath Nath	<b>a</b>	ML RUBINSTEIN	1	4. MOTHERS MAIDEN NA. Z UNKNOWN	4219 (	CREST HEIGHTS RD.
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	ces? 1 6. SOCIAL SECURITY		7. INFORMANT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	//WVV	SILUGRUM BUXUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. DISE	ASE OR CONDITION DIELEADING TO DEATH	RECTLY	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
heart failur injury ar c DISEASES rise to	not mean the mode of e, osthenia, etc. It meons amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last.	the disease, death.) (B) Ony, giving	)	ute Pulmon 4S CV D		20 yrs
DISEASE O	II SNIFICANT CONDITIONS CONDENT BUT NOT RELA OR CONDITION CAUSING	ATED TO THE	1			
19A.DATE	OF OPERATION 198, CON WAS PER	IDITION FOR WHICH OPERA	TION	20 A. AUTOPSY? (Yes of No	ON CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF CA	21B. PLACE OF IN. home, form, foctory	JURY (e.g., in y, street, offi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E INJURY OCCI While At Work	Not While At Work	21F. HOW DID INJ	URY OCCUR?	
thot(1)(w	e) lost sow the decease	l) ottended the deceased and olive on	3 -	19.66 ond th	ot ir (my) (our) oplni	on death occurred on the date
23A. SIGNA	ore Ardaiz		.M.D. Atten	Director _	Stoff Phys.	3B, DATE SIGNED
23C. PHYSIC NAME	Type Jose F	ARDAIZ	M.D.	5912 Cross	Country B1	vd. /Balto 15
BURIAL	8/4/66		CVAH		BALTIMORE, MA	
25A, DATE REC	AUG 8 196	B Place & E. Fo	Dec MA	SOL LEVINSON		6010 REISTERSTOWN
/S 150-REV. 1/		750		9-0		



BALTIMORE CITY HEALTH DEPARTMENT

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Margar T. Water - "1025, July 18

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BALTIMORE CITY HEALTH DEPARTMENT

66 08016

If Under 1 Yr. If Under 1 Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

and that in (my) (our) opinion death accurred on the date

VS 150-REV. 1/1/65

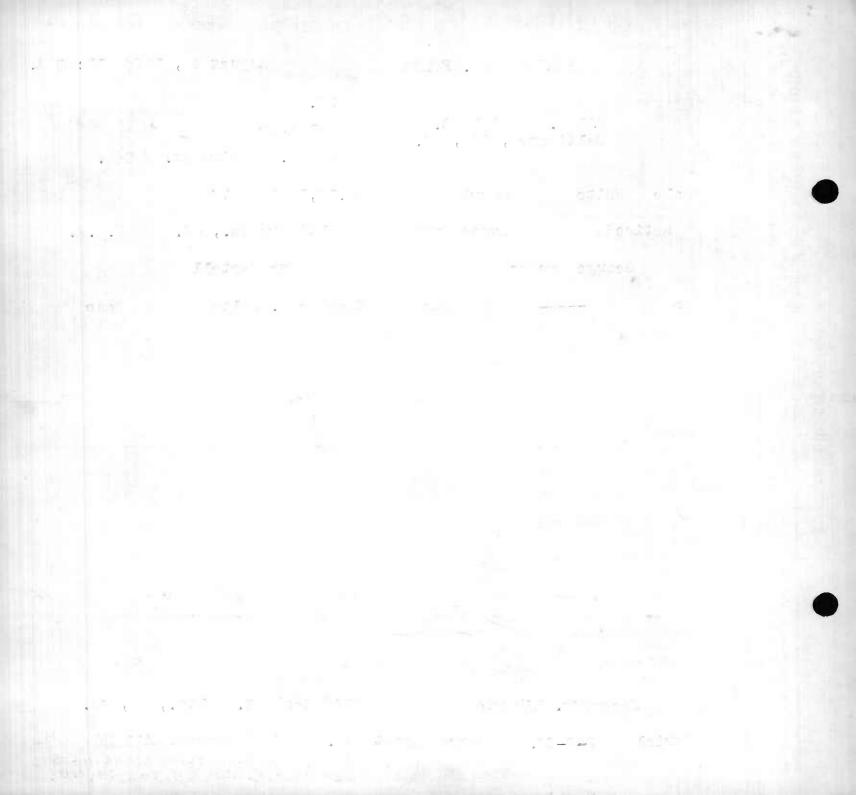
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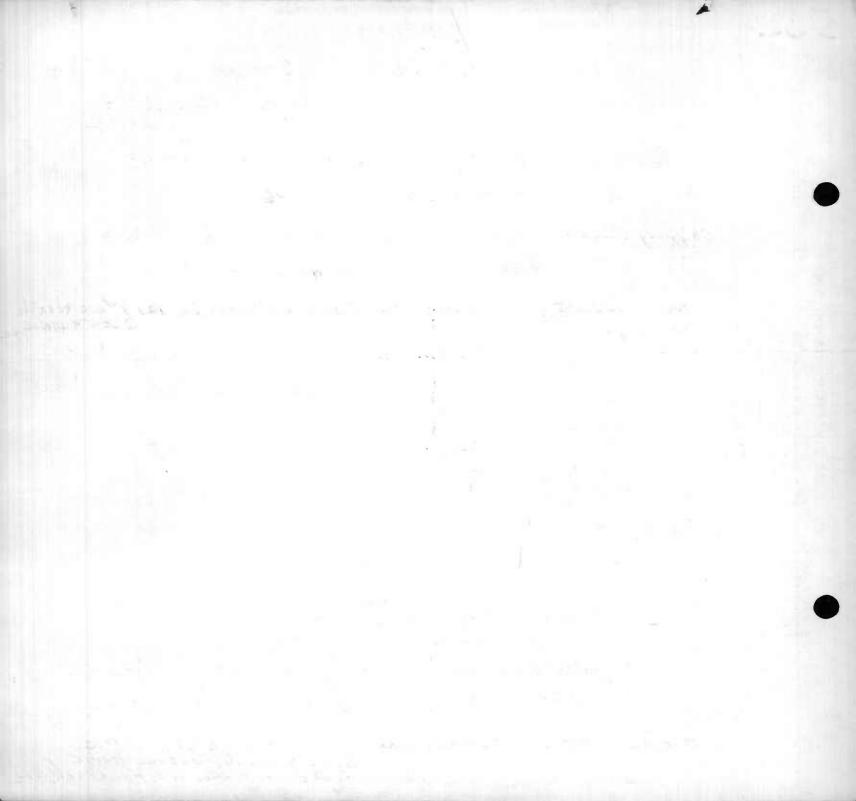
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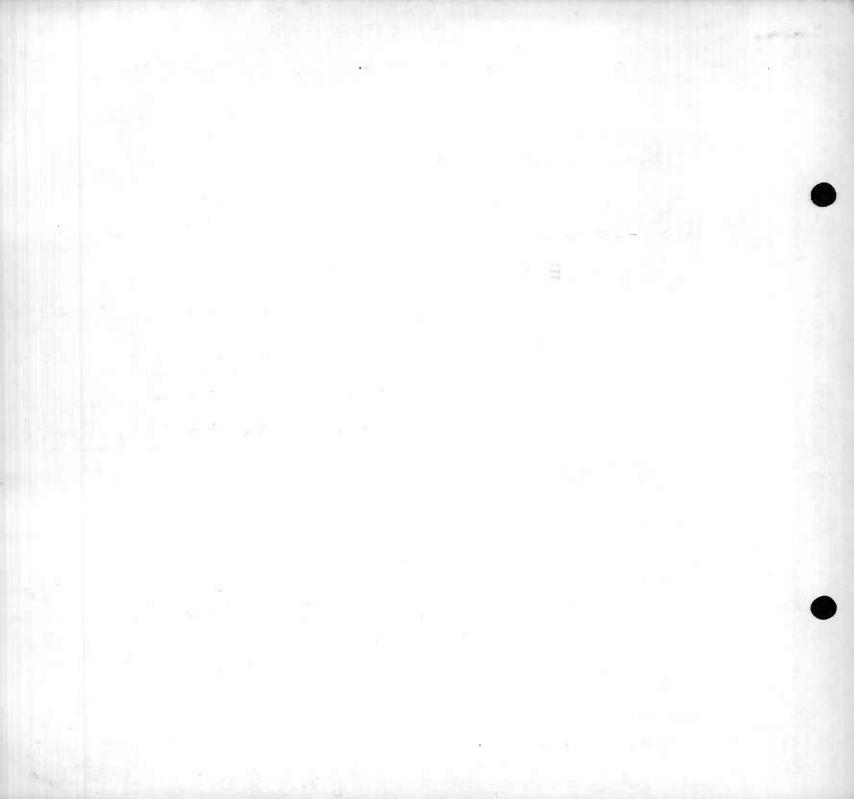


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Registered	No.O	000	11.0

	00 00	U.LU				/	CC 1180119
BIRT	H NO.	MEDI	ICAL EX	(AMINER'S CI	ERTIFICATE OF [	DEATH Registe	red No.
-	CASE NO.						
1. N	NAME OF DEC		M -			HOUR PRONOUNC	1- 1
				MITH		6th. 1966	11:40 A <sub>M</sub>
		TIMORE, MARYLAND, W			A. STATE New York	deceosed lived. If inst B. COL	litution: residence before odmission JNTY
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township)
INS	TITUTION				Pleasantvi	lies Plane	ny 1710
-	2	- 1			D. STREET ADDRESS the turus,		
3.	5	Johns Hopki	ns Hosp	oltal	Bedf	ord Rd.	
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AG in years	If Under 1 Yr, If Under 24 Hrs
	Male	White	Mar	DIVORCED(specify)	1-26,1910	lost big doyl	Months Doys Hours Min.
					11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
1		working life, even if retired) Oard	Broad	casting	Jellico, Te		
13. F	ATHER'S NAM	AE			14. MOTHER'S MAIDEN NAME		
		Frank L. Sm	ith		Clara R		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
1163	No	(If yes, give wor or dote None	S OF SETVICE	270 01 7556	Lisa Martin Smi	th Pleasan	twille Nv.
	1B. // /				OF DEATH	OII 1200Daii	INTERVAL BETWEEN
	7-	201 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Artor	iosclerotic card	iovascular	disease
	(This does			DUE TO			
	heort foilure	not meon the mode of , ostherio, etc. It meons mplication which caused	deoth.)				
							Table II was to be
		OR CONDITIONS, IF A		(B)	***************************************		
	RISE TO TH	IE ABOVE CAUSE (A) ST	TATING THE	001 10			
z	UNDEKLIN	NG CONDITION LAST.		(C)		•••••	
9		11					
3		NIFICANT CONDITIONS					
E		DEATH BUT NOT RE		HE			
CERTIFICATION	19A. DATE OF	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
O	2	WAS PER	FORMED		Yes	IN CERTIFYING CAU	Yes Yes
×	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, gi	ve exact location)
EDIC		SE OF DEATH.	etc.)	e, tom, toctory, street, t	Since sings, INJURI OCCUR:		
7	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F, HOW DID INJU	JRY OCCUR?	
	OF INJURY	(Wolling Coop) (Teol			WHILE		
			m. \	WORK AT W	ORK		
	22.	tify that I held an I	nquiry 🗌	Inspection Au	tapsy 🕱 and that an thi	is basis, death In r	ny opinian
	resu	Ited fram: Natural ca	uses	Accident Suicid		Indetermined mann	er 🗌
		1			CHIEF MEDICAL EX		
	ACTUA	L 110.		7 - (			DATE SIGNED
	SIGNAT		in,	M.D	ASSISTANT MEDICAL EX		
	EXAMIN NAME (	NER'S! Werner	II. Snit	1, M. D.	ASSOCIATE MEDICAL EX	KAMINER A	ug. 6th. 1966
23 A	BURIAL CRE			C. NAME of CEMETERY	CREMATORY 23D. L	OCATION (City	, town, or county) (Stote)
	AOVAL (Specif	íy)					
	Remova		6	Pawling Ceme	etery	Pawling N.	
244	. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL PIRECTOR	· · · · · · · · · · · · · · · · · · ·	ADDRESS
		AUG 8 1966	1200	F E, FarberMA	where	ner Hangs	The Bollas
Ve	151-REV. 1/1/	110 4 0 1000	I Week	0, 100000,	00000	John	in paralle
4.2	131-KE V/ 1/	190		2 50 50 6	0 13 (	V	

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4.	66 USU22 BALTIMORE CITY HE	ALTH DEPARTMENT 66 U8022	
BIR	TH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.	
M.	E CASE NO.		
1. (Ťy	NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
,		SBORNE August 4, 1966 12:35 A	
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission B, county Harford	)
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) TITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Havre de Grace	
3	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion) 616 N. Adams Street	
5. 5		B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs   Iost birthdoy)   Months, Doys   Hours , Min.	=
F	emale White WIDOWED, DIVORCED(specify)	2/18/47   lost birthdoy)   Months Doys   Hours   Min.	
-	USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	-
don	e during most of working life, even if retired)	Virginia WHAT COUNTRY?	
13.	Unknown	14. MOTHER'S MAIDEN NAME	-
	Garnett Thomas	Maggie Brown	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS	-
(Ye:	NO (If yes, give wor or dotes of service) SECURITY NO.	Reins-Sturdivant Funeral Home Indepedence,	V
	18. CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY		
		Itiple Traumatic Injuries.	
	(This does not mean the made of dying e.g., heart failure, osthenia, etc. It means the disease. injury or complication which caused death.)		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
7	UNDERLYING CONDITION LAST.		
Ö			-
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
RT	DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	-
ü	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes	
Y.	21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?	-
MEDICAL	UTING CAUSE OF DEATH. Street	Rt. 40, E. of Ebenezer Road, Balto. Co	
_	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED (APPROX.) 8 3 66 Pm., WHILE AT NO NOT NOT NOT NOT NOT NOT NOT NOT NOT	D 21F. HOW DID INJURY OCCUR?  OT WHILE X Pedestrian struck by auto.	
	22.	Autopsy and that on this basis, death in my opinion	
	rasulted fram: Notural causes Accident 🗵 Suic	ide Homicide Undetermined monner	
	//	CHIEF MEDICAL EXAMINER	
	SIGNATURE Charles tells	.D. ASSISTANT MEDICAL EXAMINER X 8/4/66	
	EXAMINER'S NAME (Type) Charles S. Petty, M D.	ASSOCIATE MEDICAL EXAMINER	

248, NAME OF REGISTRAR

8/8/66

23C. NAME of CEMETERY OF CREMATORY

Lebanon

23D. LOCATION

24C. FUNERAL DIRECTOR

Elk Creek, Va.

Wm. Colk-Brooks Inc. Baltimore, Md. 21202

(Stote)

(City, town, or county)

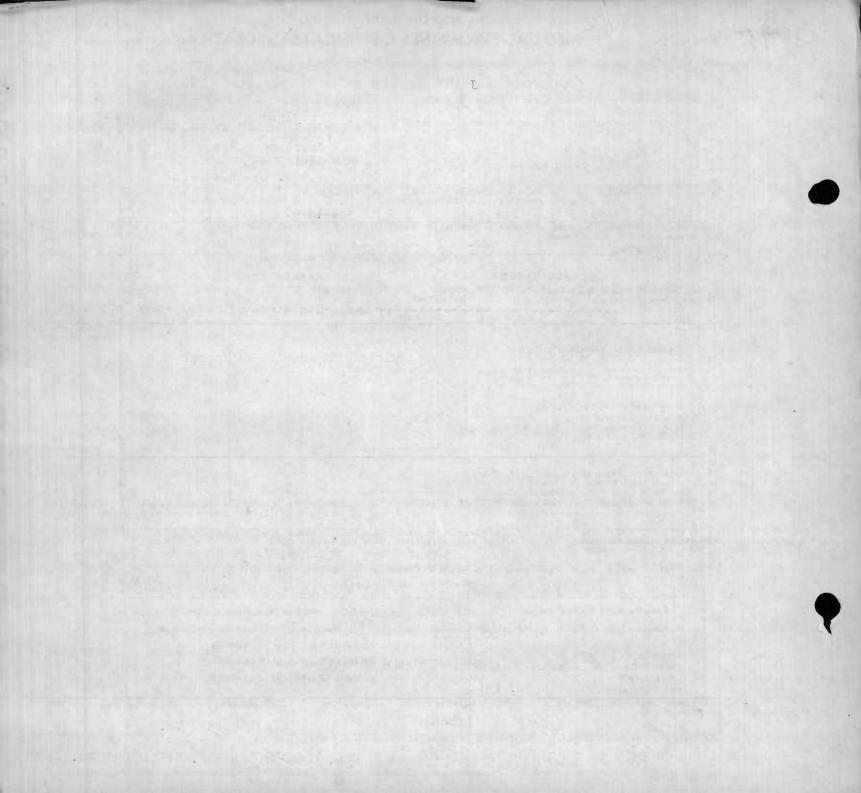
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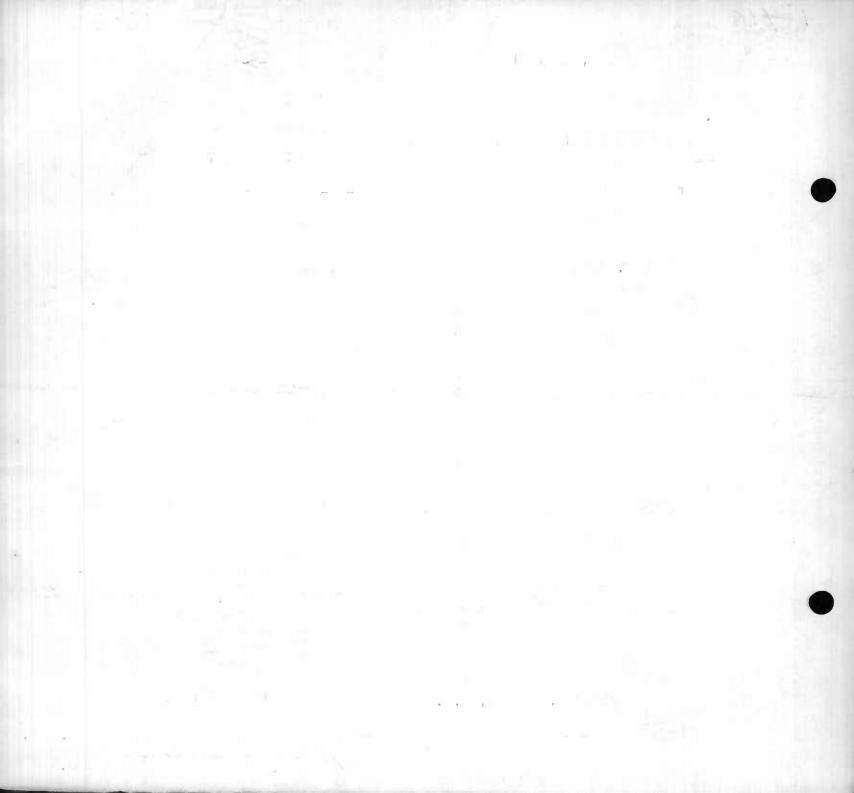
23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT.

Burial

VS 151-REV. 1/1/65

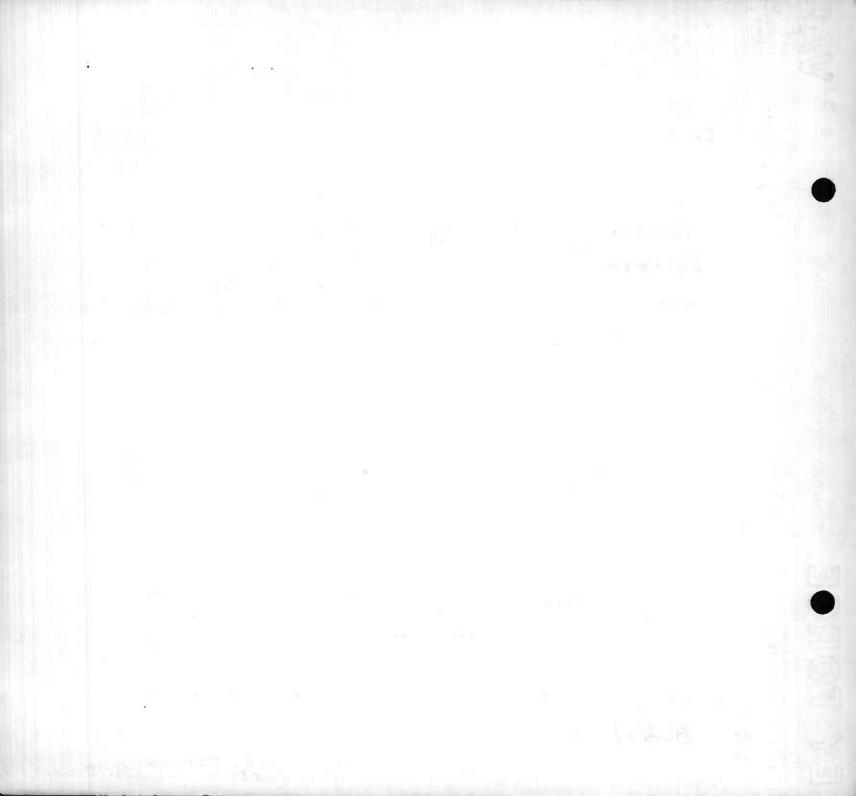




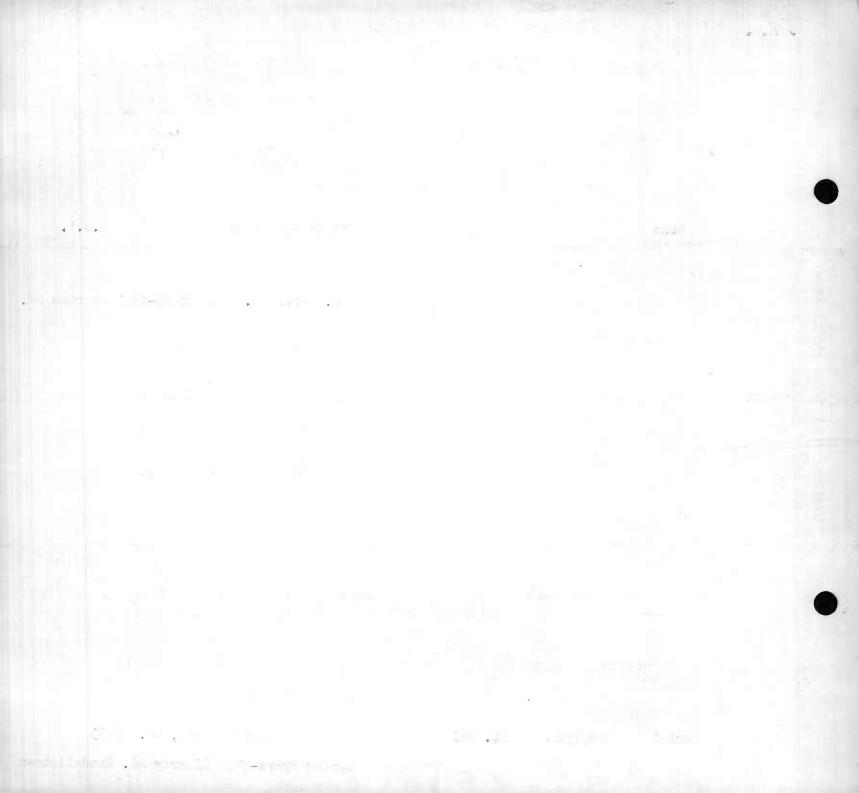
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DIRECTOR:

FUNERAL



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BALTIMORE CITY HEALTH DEPARTMENT

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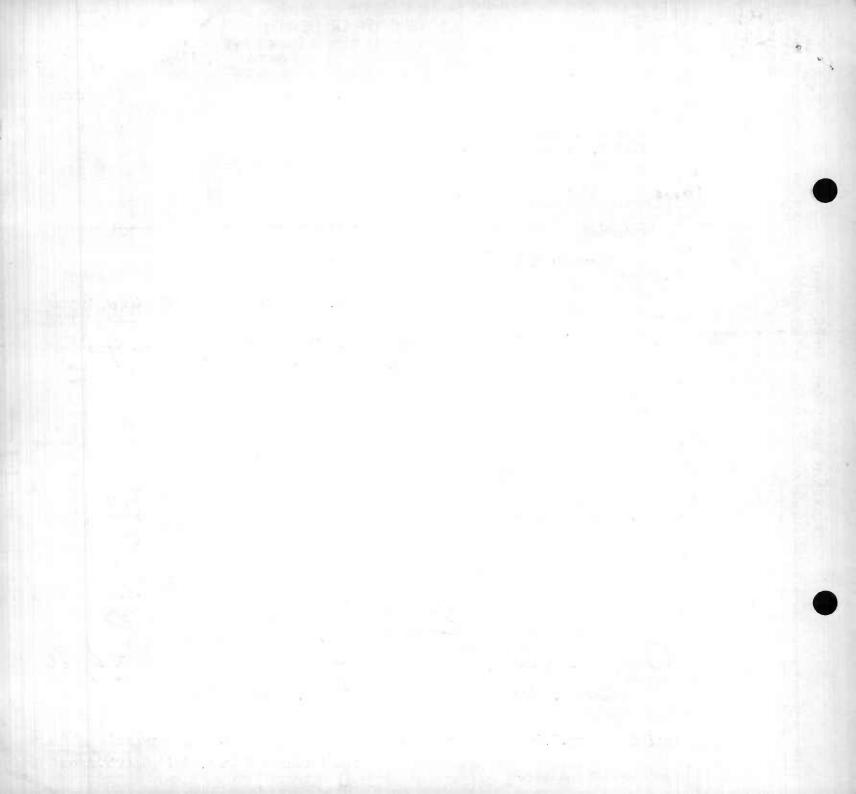
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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 1181125 66 08028 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MINNIE DAHNE (Type or Print) August 6, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE

B. CDUNTY FULL NAME DE (If not in hospital or institution, give street Maruland HD SPITAL DR oddress or location) (If autside city limits, write RURAL and give township) C. CITY OR TOWN INSTITUTION Belvedere Nursing Home 2525 W. Belvedere Avenue 8300 Charmel Drive 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday) Female White Widowed 84 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewike At Home Russia LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Neprotofsky Sosa Weinstein 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) Mr. Ralph Dahne 6205 Winner Avenue ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. П DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No! IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH Instify medical examined MEDI (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR! OF INJURY Not While While At (APPRDX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that in (my) (our) opinion death accurred on the date ond hour ond from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Milton B. Kirsh 4000 W. Northern Parkway 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25C. FUNERAL DIRECTOR Maryland Aug. 7, 1966 Sol Levinson & Bros. 6010 Reisterstown Road VS 150-REV, 1/1/65

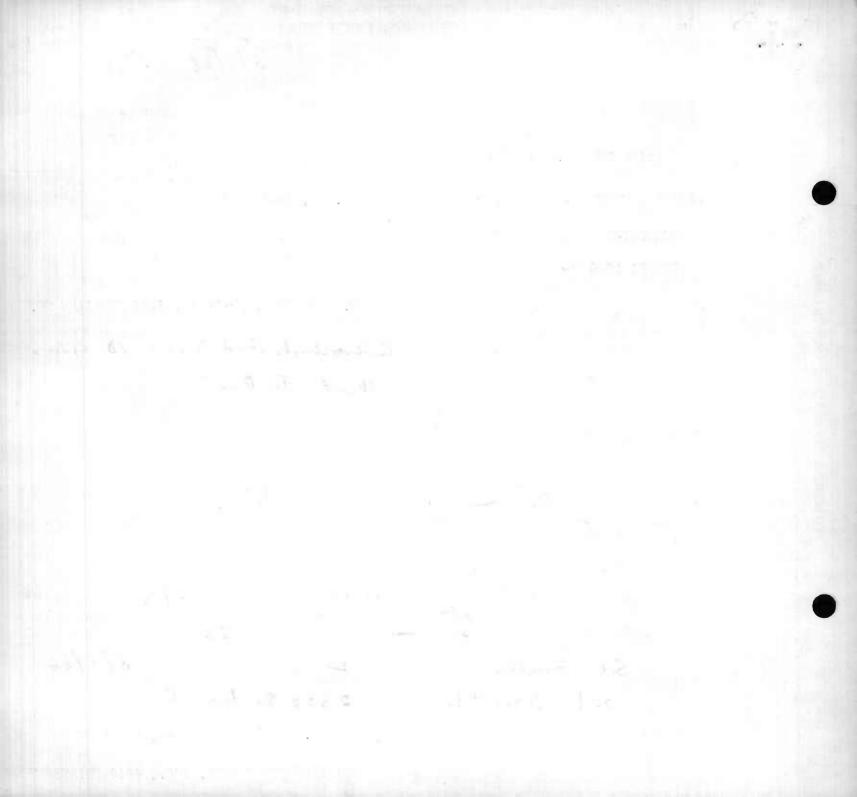


## MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered

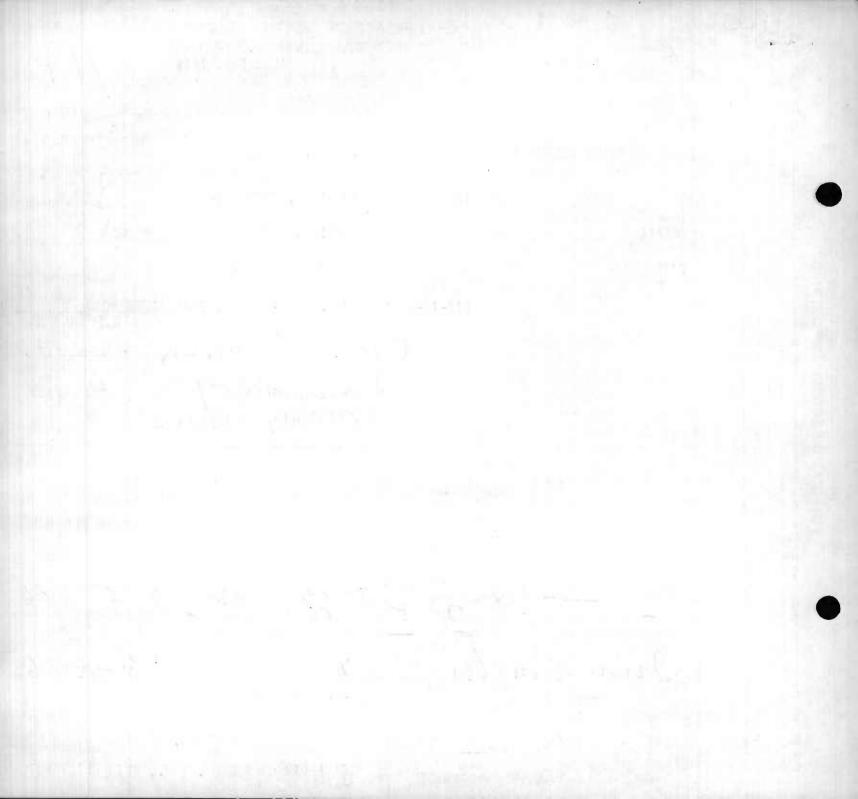
1	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		=
			EAH	MOLLOCK		8-4-6			11:20 P.	
		TIMORE, MARYLAND,			A. STATE Marylane		B. COU		ence before odmissi	on)
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	CATION)	UTION, GIVE STREET	C. CITY OR TOW	VN (If outside o	corporate limits, write	RURAL on	d give township)	
	SINAI HOSPITAL				D. STREET ADDR		ve location)	2 /	211617	
						byrinth :	-			
	emale	6. RACE White		DIVORCED (specify)	B. DATE OF SIRTH		9. AGE (In years lost birthdoy)	Months	1 Yr. If Under 24 P Doys Hours Mi	irs. n.
		CUPATION (Give kind of wo working life, even if refired	ork 108, KIND O	F BUSINESS OR INDUSTR				12. CITIZE WHAT	N OF COUNTRY?	
13	Houses	vife ME	At	Home	Polan 14. MOTHER'S MA				Usa	
9.6		Sloan				Siral	?		100	
	es, no or unknow	ed EVER IN U.S. ARM E		16, SO CIAL SECURITY NO,	17. INFORMANT			ADDRESS	1 . 1 11 0	#
-	NO 18.	A524 71		CAUS	E OF DEATH	taye Bra	unstein, 7		IDUTUATA KE	mad
	2 0									N
	DISEA	SE OR CONDITION	DIRECTLY						ONSET AND DEAT	N
	(This does	not meen the mode	liH of dvina. e.a.,	DUE TO	verdose of	Doriden				N
	(This does heart failure injury or co	LEADING TO DEAT not meon the mode of e, osthenio, etc. It meon omplication which coused	TH of dying, e.g., ns the disease, d death,)	DUE TO	verdose of	Doriden				N
	(This does heart failure injury or co	LEADING TO DEAT not meen the mode e, e, osthenio, etc. It meen emplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF	IH of dying, e.g., ns the disease, d death,)  SES ANY, GIVING	DUE TO	verdose of	Doriden				N
	(This does heart foilure injury or co	LEADING TO DEAT not meen the mode of e, estherio, etc. It meen emplication which coused ANTECENDENT CAUS	IH  of dying, e.g., ns the discose, d deoth,)  SES  ANY, GIVING STATING THE	DUE TO	verdose of	Doriden				N
NO.	(This does heart foilure injury or co	LEADING TO DEAT  not meon the mode of constitution, etc. If meon omplication which coused  ANTECENDENT CAU:  OR CONDITIONS, IF HE ABOVE CAUSE (A)  NG CONDITION LAST	IH  of dying, e.g., ns the discose, d deoth.)  SES  ANY, GIVING STATING THE	(B) DUE TO	verdose of	Doriden				N
IEICATION	CTHER SIGNOTHER	LEADING TO DEAT  not meon the mode of open considering, etc. If meon open considering the course of	IH  of dying e.g., so the discose, d deoth,)  SES  ANY, GIVING STATING THE  S CONTRIBUTI	(B)	verdose of	Doriden				N
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CETTEL	(This does heart foilure injury or continuity or continuit	LEADING TO DEAT  not meon the mode of construction, etc. If meon omplication which coused  ANTECENDENT CAUSE  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  III  SOLIFICANT CONDITION DEATH BUT NOT REATH	I'H  of dying, e.g., ss the discose, d deoth.)  SES  ANY, GIVING STATING THE  S CONTRIBUTI RELATED TO NG IT.  ONDITION FOR ERFORMED	(B) DUE TO  (C)	20 A. AUTOPSY? NO in or obout 21 C. W	? (Yes or No) 20 IN	CERTIFYING CAUS	NDINGS CO	ONSET AND DEAT	N
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Ciallago	OTHER SIGNOTHER DISEASE OF THE DISEA	LEADING TO DEAT  not meen the mode ( , osthenio, etc. It mee) propilication which coused  ANTECENDENT CAUSE  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  III  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN FOPERATION 198. CO WAS PE  AL CAUSE WAS SCOR CONTRIB- USE OF DEATH.	TH  of dying e.g., sthe disease, d deoth,)  SES  ANY, GIVING STATING THE  S CONTRIBUTI RELATED TO NG IT.  NDDITION FOR ERFORMED  218. homelet.)	(B).  DUE TO  (C)	20A. AUTOPSYS NO in or obout 21C. W office bldg., INJURY 750 21F. HC	? (Yes or No) 20 IN WHERE DID (IF OCUR? O4 Labyr:	in Boltimore City, giv  inth Road  y occur?	NDINGS CO IES OF DEA	ONSET AND DEAT	N
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Cilled	OTHER SIGNOTORY OF THE DISEASE CONTROL OF THE	LEADING TO DEAT  not meen the mode ( , osthenio, etc. It mee) propilication which coused  ANTECENDENT CAUSE  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  III  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN FOPERATION 198. CO WAS PE  AL CAUSE WAS SCOR CONTRIB- USE OF DEATH.	of dying e.g., as the disease, d death,)  SES  ANY, GIVING STATING THE  S CONTRIBUTION FOR IT.  PODITION FOR ERFORMED  218. hom. etc.)  106 ? m.	OUE TO  (B) DUE TO  (C)	20A. AUTOPSYINO  In or obout 21C. Woffice bldg., NJURY  750  WHILE IN INSURY  work Ing	? (Yes or No) 20 IN  WHERE DID (IF  OCCUR?  O4 Labyr:  DW DID INJURY  gested Or  d that on this	in Boltimore City, giv  inth Road  y occur?	Dorid	ONSET AND DEAT	N
Cilled	OTHER SIGNOTORY  OTHER	LEADING TO DEAT  not meen the mode ( , osthenio, etc. It meet  omplication which coused  ANTECENDENT CAUS  OR CONDITIONS, IF  HE ABOVE CAUSE (A)  NG CONDITION LAST  II  SNIFICANT CONDITION  DEATH BUT NOT R  OR CONDITION CAUSIN  F OPERATION 198. CO  WAS PE  AL CAUSE WAS  TOO CONTRIB-  USE OF DEATH.  (Month) (Doy) (Ye  8 3 16	of dying e.g., as the disease, d death,)  SES  ANY, GIVING STATING THE  S CONTRIBUTION FOR IT.  PODITION FOR ERFORMED  218. hom. etc.)  106 ? m.	OUE TO  (B) DUE TO  (C)	20 A. AUTOPSYS NO in or obout 21 C. W office bidg. INJURY 75 ( 21 F. H C WORK I Ing white I Ing whopsy ond de Homicie CHIEF ME	? (Yes or No) 20 IN WHERE DID (IF OCCUR? 04 Labyr: DW DID INJURY gested Or d that on this deUn	in Boltimore City, given in Boltimore City, gi	Dorid	ONSET AND DEAT	N TH
Cilled	OTHER SIGNOTO THE DISEASE OF THE DIS	LEADING TO DEAT  not meen the mode of the property of the prop	of dying e.g., as the disease, d death,)  SES  ANY, GIVING STATING THE  S CONTRIBUTION FOR IT.  PODITION FOR ERFORMED  218. hom. etc.)  106 ? m.	OUE TO  (B) DUE TO  (C)	20A. AUTOPSYS NO in or obout 21C. W office bldg. INJURY 750 21F. HC WHILE X INS NORK IN INS CHIEF ME CHIEF ME	? (Yes or No) 20 IN VHERE DID (IF OCCUR?  04 Labyr: DW DID INJURY gested Or d that on this deUn EDICAL EXA	in Boltimore City, given the Road roccur?  verdose of basis, death in madetermined monne miner Miner Miner	Dorid	ONSET AND DEATON SIDERED ATH?  Cotion)  DATE SIGNED	N TH
MEDICAL CEPTER	OTHER SIGNATE OF INJURY (APPROX.)  21. A CTUA SIGNATE ACTUA SIGNATE XAMII NAME (	LEADING TO DEAT  not meen the mode of the consent o	TH  of dying e.g., sthe disease, d deoth,)  SES  ANY, GIVING STATING THE  S CONTRIBUTI RELATED TO NG IT.  NDDITION FOR ERFORMED  218. hometc.)  inquiry  couses  GER BREI	MILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSYS NO in or obout 21C. W office bldg, INJURY 75( 21F. HC WHILE X INg WHILE X INg OFFICE OFFI CHIEF ME ASSISTANT ME ASSOCIATE MD	? (Yes or No) 20 IN WHERE DID (IF OCCUR?  04 Labyr: DW DID INJURY gested or d that on this de	in Boltimore City, given the Road roccur?  verdose of basis, deoth in madetermined monne MINER MINER MINER MINER	Dorid  y opinion	DN SIDERED ATH?  Cotion)  DATE SIGNED  8-5-66	N TH
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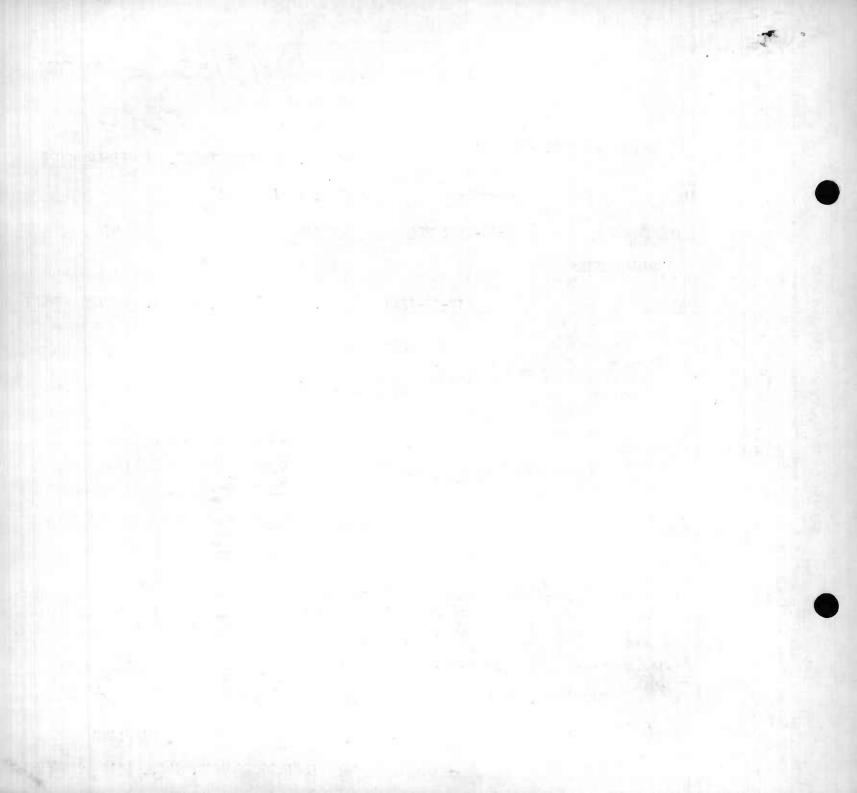
FUNERAL DIRECTOR: IMPORTANT

(Type or Pr	OF DECEASED		2. DATE AND	HOUR OF DEATH	130
2 BLACE	LENA H	ERZFELD	8/	15/66	1 9
3. PLACE	OF DEATH IN BALTIMORE, MA	KILAND	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	stitution: residence before ad
HOSPITA	AL OR address or lacotia	or institution, give street	MARY LAND C. CITY OR TOWN (If outside	de city limite write f	RURAL ond give township)
INSTITU	TION		BALTIMORE	or only minis, write v	5
90	oriusasas luonas			al, give locotian)	
	BELVEDERE NURSI		2700 LIGHTFOO		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	Manths Doys Hours
FEMA	ALE WHITE	WIDOW TOB. KIND OF BUSINESS OR INDUSTR	DEC. 25, 1881	84	12. CITIZEN OF
	most of warking lite, even if retired)	AND OL BOSHESS OF HADOSIK	, it. bikini CACE (Stole of foleign	Country/	WHAT COUNTRY?
	HOUSEWIFE RS NAME	AT HOME	RUSSIA		USA
	SRAEL LONG	ces? 16. SOCIAL	ADA HELLER		ADDRESS
(Yes, na ar u	unknown (If yes, give war ar date	es of service) SECURITY NO.			
NO			MR. BERNARD H. I	HERZFELD,	
18.	DISTASE OR COMPUTED TO		OF DEATH		ONSET AND DEA
	LEADING TO DEATH	C. C.	Heart Faul	not Dis.	10 4 su
	does not mean the mode of laiture, asthenia, etc. It means	dying, e.g., DUE TO	A B A A B A B B B B B B B B B B B B B B		
	or camplication which caused	death.)	Ho A Fail		
	ANTECEDENT CAUSES	(B)	read		
		DUE TO			
	ASES OR CONDITIONS, if	any, giving			
rise		any, giving			
UND	ASES OR CONDITIONS, if to the obove cause (A)	any, giving			
UND	ASES OR CONDITIONS, if to the obove cause (A) ERLYING CONDITION tast.	any, giving stoling the (C)			
NO OTHE TO DISEA	ASES OR CONDITIONS, if to the obove cause (A) ERLYING CONDITION tast.  II ER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING	any, giving stoling the (C)			
NO OTHE TO DISEA	ASES OR CONDITIONS, if to the obove cause (A) ERLYING CONDITION tast.  II ER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING	any, giving stoling the (C)	20A. AUTOPSY? (Yes or [No])		FINDINGS CONSIDERED
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NOTHE TO STAND OF IN (APPRO)  21A. BURI, REMA  24A. BURI, REMA  BL	ASES OR CONDITIONS, if to the obove cause (A) ERLYING CONDITION tast.  II  IR SIGNIFICANT CONDITIONS CAUSE OR THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING THE OF OPERATION 198. CON WAS PER ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)  IMME (Month) (Doyl (Yearl JURY OX.)  Certify that (I) (this hospitol II) (we) lost sow the deceose our ond from the couses sto IGNATURE  SUL SAME IType)  AL CREMATION, 1248. DATE	any, giving stoling the (C)  CONTRIBUTING ATED TO THE II. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  IHour)  21E. INJURY OCCURRED While At Nat White At Work  At W	in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJUR  19 66 ond that view the bady ofter death.  tending	20B. IF YES, WERE IN CERTIFYING CAN  (II in Baltimare  RY OCCUR?  toto  in (my) (our) opin  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location!  S



BALTIMORE CITY HEALTH DEPARTMENT

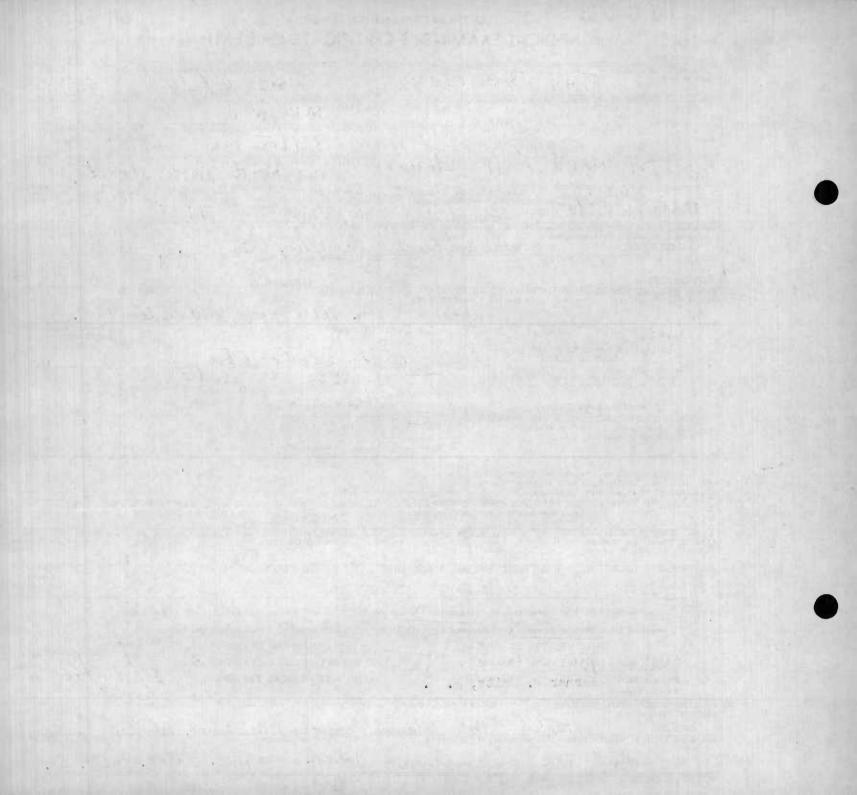




-US , BIRTH NO.

EDICAL EVALUEDIC CEDITECATE

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
(Type or Print) BALZER	2. DATE AND HOUR PRONOUNCED DEAD 5-15 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before addission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  121 NOrth East Street	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  But truck  D. STREET ADDRESS (If jural, give location)
00 121 NOFIL CAST STREET	121 North East Street
5. SEX Male 6. RASE WIDOWED, NEVER MARRIED WIDOWED, DIVORCED(Specify) Widowed	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)  Scarfer  Bethlehem Steel	RY11. BIRTHPLACE (State or foreign country)  Massillan, Ohio  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown), (If yes, give wor or dotes of service)  SECURITY NO.	Unknown ADDRESS
No ues	Mr. Peter Rosche 5610 Mc Lean Blvd.
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	disease.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of Not 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)	WHILE WORK
22.	utopsy ond that on this basis, death in my oplnlon
resulted from: Notural couses X Accident Sulci	CHIEF MEDICAL EXAMINER
SIGNATURE Werns h. Znit M.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M. D.	ASSOCIATE MEDICAL EXAMINER 8/1/6/8
23A. BURIAL CREMATION, REMOVAL (Specify)	
Burial 8/10/66 Holy Redeem	er Cemetery Baltimone, Maryland 24C. FUNERAL DIRECTOR ADDRESS
AUG 8 1966 12 0. 6 8 Falleym	John A. Moran Inc. 3000 & Balto St



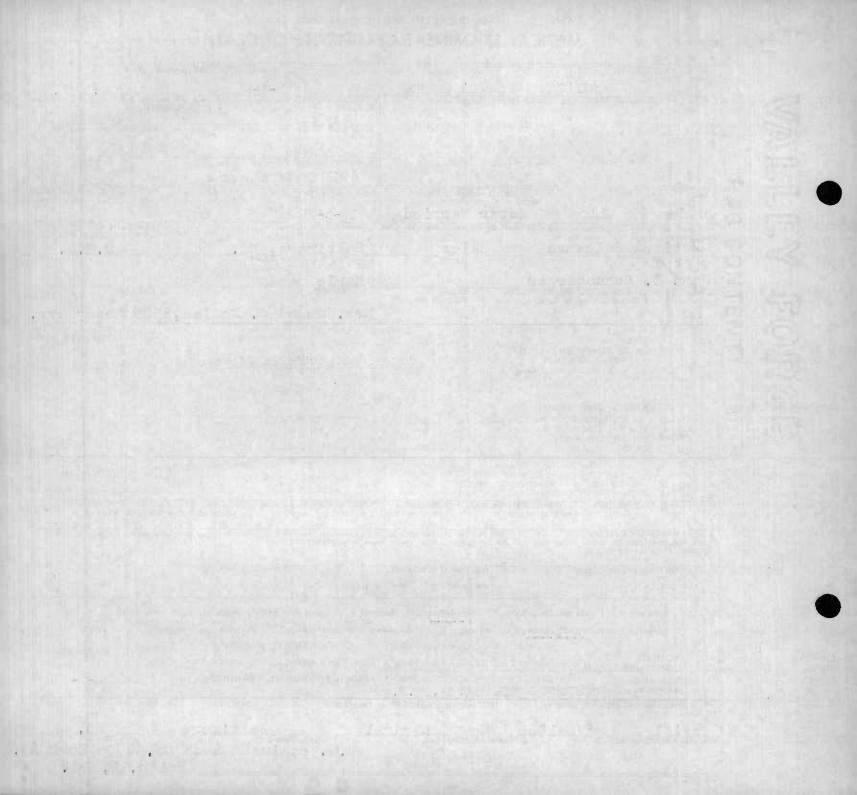
from any properties and spread products .

BUILDING THE RESIDE

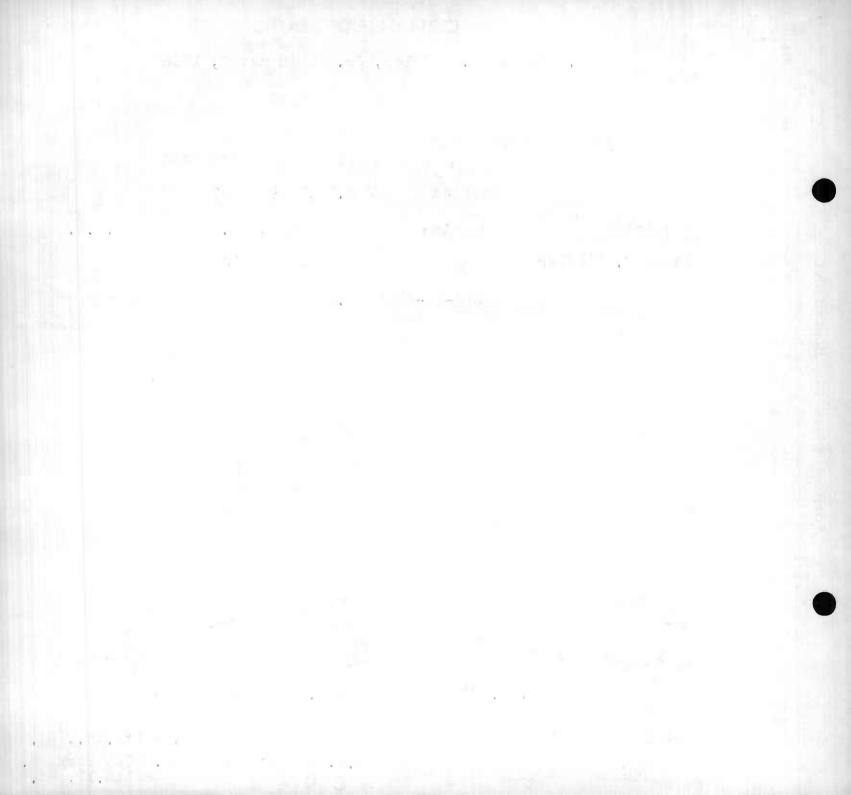
BALTIMORE CITY HEALTH DEPARTMENT

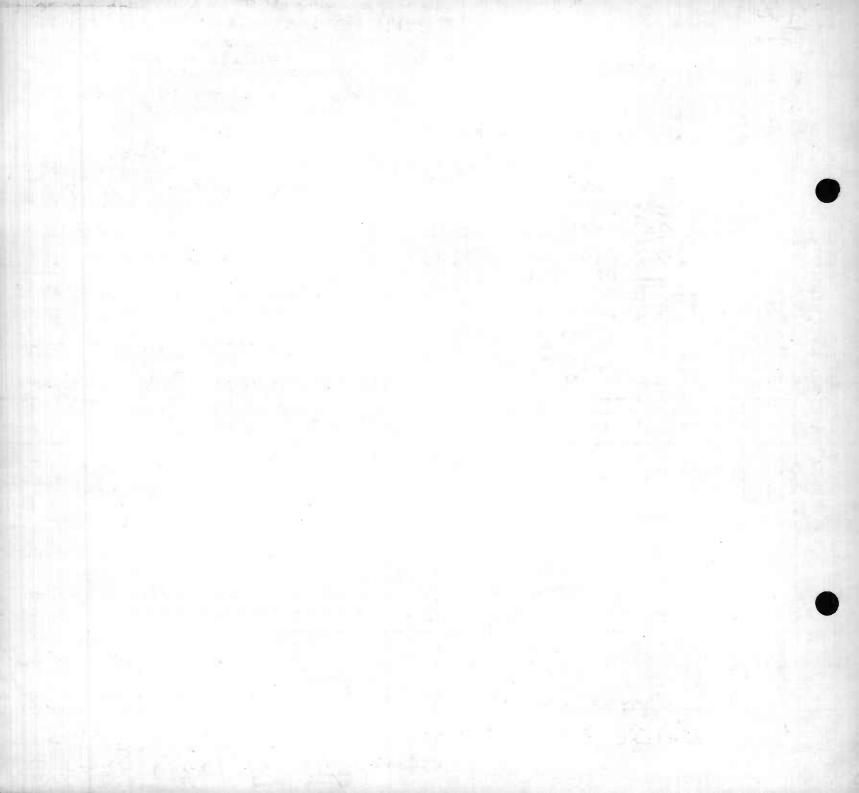


BIRTH NO.	MEDI	CALEX	AMINER 5 CI	ERTIFICAT	E OF L	JEAIH Registe	red No.
M.E. CASE NO.						retain to	
1. NAME OF DE					2. DATE AN	D HOUR PRONOUNCE	ED DEAD
			CHANBERGER		8-4-		19:10 P. M.
	TIMORE, MARYLAND, W			A. STATE Maryla		deceosed lived. If inst B. COU	litution: residence before admission) JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOV	VN (If outside	e carparate limits, write	RURAL and give tawnship)
	01 EASTERN AV	ENUE		Baltimo	ESS (If rural,		2 0 5
6.0		T=			astern.		
5. SEX Male	6. RACE White	WIDO WED, I	NEVER MARRIED DIVORCED (specify) Married	10-3-0		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
			BUSINESS OR INDUSTRY				12. CITIZEN OF
	working life, even if retired) ad Salesman		Sales	Bol+im	one N	ra	WHAT COUNTRY?
13. FATHER'S NAA		L	Jares	Baltim 14. MOTHER'S M.			U.S.A.
John G	Schanberge	271		Mont	Colores		
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	Marie 17. INFORMANT	Ganan_		ADDRESS
No				Mrs.Edm	und J.	Donlan.5	505 Ready Ave.
18.	3.1		CAUSE	OF DEATH		,,	INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH	LEADING TO DEATH not mean the made of the state of the state of the state anticendent Cause or Conditions, if a E ABOVE CAUSE (A) ST NG CONDITION LAST.	dying, e.g., the disease, death.) \$ NY, GIVING	(A) Arte	riosclero	tic car	diovascular	disease
O THE	II  NIFICANT CONDITIONS  DEATH BUT NOT REL  R CONDITION CAUSING	ATED TO TH	IG HE				
19A. DATE OF	OPERATION 198 CON		VHICH OPERATION	20 A. AUTOPSY		20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., i farm, foctory, street, o	n ar obout 21C. W ffice bldg., INJURY	HERE DID (	(If in Boltimore City, gi	ve exoct locotian)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	HILE AT NOT	WHILE	DINI DID WO	IRY OCCUR?	
22.			ORK L AT W	ORK []			
	tify that I held an I	nquiry	Inspection X Aut	opsy ond	thot on thi	s bosls, deoth in m	ny apinion
resul	ted fram: Natural cau	ses X A	coldent Suicide	Homicie	de 🗌 L	Indetermined monne	er 🗌
	720	-	_ //	CHIEF ME	EDICAL EX	AMINER .	
SIGNAT		Tirlle	show M.D.	ASSISTANT MI	EDICAL EX	AMINER XX	DATE SIGNED
EXAMIN NAME (	IER'S	RRETTE		ASSOCIATE M		-	8-5-66
	MATION, 23B. DATE		NECKER, M.D.	CREMATORY	23 D. LO	OCATION (City,	, tawn, ar county) (Stuta)
		24B, NAME	lew Cathedra	24C. FUNERA	AL DIRECTOR		Md .
			E. Farberma	H.W.J			o. 4905 York Rd
	0 1000	ploved	C, Janeer That			Bal	Lto.12. Md.



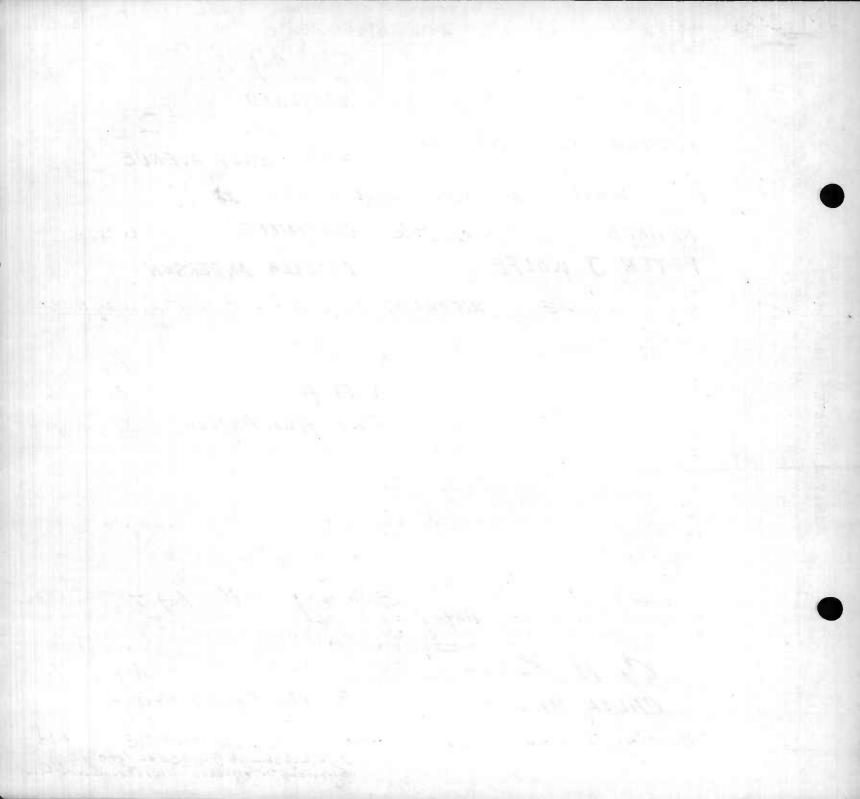
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2. DATE AND HOUR OF DEATH AUG. RESIDENCE (Watere deceased lived. If institution; residence before (If outside city limits, write RURAL and give lownship) SIDNEY AVENUE 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours lost birthdoyl 12. CITIZEN OF WHAT COUNTRY? BALTIMORE 4.3. 14. MOTHER'S MAIDEN NAME ADDRESS ELMER A. MATT 2315 SIDNEY AUE INTERVAL BETWEEN ONSET AND DEATH ears 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? ond that in (my) (aur) opinion death accurred an the date 23 B. DATE SIGNED Med. Stoff Phys. (Stote)



1. N (Ty	L CASE NO.  JAME OF DECEASED  SOPHIE COHEN	ATE OF DEATH    2. DATE AND HOUR OF DEATH	1830 PM
	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution; residence before admission
	HOSPITAL OR NSTITUTION  SINAI HOSPITAL	C. CITY OF TOWN (If outside city limits, write	RURAL and give township
4	21/011 10241140	D. STREET ADDRESS (If rurol, give location) 3907 EDEEWOOD	RD . APT 133
5,	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED WIDOWED, DIVORCED (specify) MARRIED WIDOWED, DIVORCED (specify) MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	e during most of working life, even if retired)  HOUSEWIFE  AT HOME	MMMMHAMMMMMMM RUSSIA	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME KIEVE SOSNER	14. MOTHERS MAIDEN NAME UNKNOWN	
5. Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service) NO	17. INFORMANT MANNAMANAMAMAMAMAM MR. ELLIS COHEN, 3907 ED	ADDRESS GEWOOD ROAD, APT 13.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	COTE MAJORIADA IN THERES	ONSET AND DEATH
TION	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	COTE MYXCARDIAL INFARC	TroN
RTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (CI		FINDINGS CONSIDERED
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CERTIFIC	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA in or about 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH?
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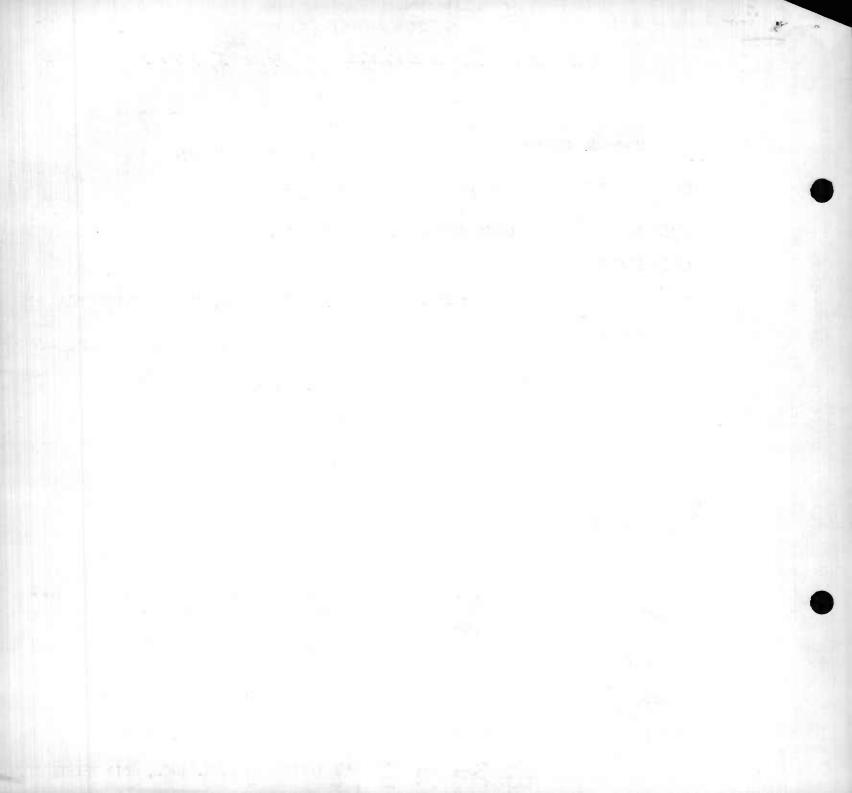
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NAME OF D Type at Print)	DECEASED MEVE	CERTIFIC		HOUR OF DEATH	
PLACE OF	DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admiss
FULL NAMI HOSPITAL C	OR address or location)	instilution, give street			RUPAL ond give tawnship)
	3500 LABYRINTH		D. STREET ADDRESS (If IN	ural, give location)	Jane J
00			3500 LABYRINTH		
MALE	WHITE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  SINGLE		, AGE (In years ost birthdoy) 68	If Under 1 Yr. If Under 24 Manths Days Hours Mi
	of working life, even if retired)	OB. KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (State ar fareig		12. CITIZEN OF WHAT COUNTRY?
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3. FATHER'S N	IAME	LOUIS MARCUS CU.	BALTIMORE, MA	E LAND	USA
IMITE	LEVINE		ROSE RICHMOND	)	
5. Was Deceo	sed Ever in U. S. Armed Force		17. INFORMANT		ADDRESS
4	(If yes, give wor or dotes		Upo Autr ourn	11/41/ 2500	ו אמעמדעדע מאום א
NO	0 0 1 1	212-03-0612	MKS. ANNE SHEK	MAN , 3500	LABYRINTH ROAD #
70	22 /	CTIV			ONSET AND DEATH
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(This does	s not mean the mode of d	lying, e.g., DUE TO	whee great cares	an mica	2 20 4200
	re, asthenio, etc. It means the complication which caused d	he disease,		(	
injury or c		N/			
	A SITE CEMENIT C A LICEE	(8)	umatic Heart De	sure	
	ANTECEDENT CAUSES	(B) DUE TO	umatic Heart De	eluse	
	OR CONDITIONS, if on	DUE TO  ny, giving stating the (C) Mu	umatu Heart De Tral etenosis + inc.	Ahusenes.	
rise lo		ny, giving stating the (C) Mu	umatu Heart De tral étenosis + una	elase officiency	
rise lo	OR CONDITIONS, if on the above cause (A) s	DUE TO (C) MU	umatu Neart De tral étenosis + une	ffuency	
UNDERLY OTHER SIG	OR CONDITIONS, if on the above cause (A) s	NTRIBUTING ED TO THE	umatu Neart De tral étenosis + une	ffuency	
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OTHER SIGNATE DISEASE OR CONTROL	OR CONDITIONS, if on the obove couse (A) stricted to the country of the country o	NTRIBUTING ED TO THE ITION FOR WHICH OPERATION DRMED  21 B. PLACE OF INJURY (e. home, lorm, foctory, stree	20 A. AUTOPSY? (Yes or No)  **N C**  9., in or obout 21 C. WHERE DID	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNOTHER	OR CONDITIONS, if on the obove couse (A) sing CONDITION last.	NTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  RMED  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Not Not Not Not Not Not Not Not No	20A. AUTOPSY? (Yes or No)  N. C.  19., in or obout 21C. WHERE DID  1, office bldg., INJURY OCCUR?  21F. HOW DID INJU  While 3 ~ 1  7 19 6 6 ond tha  1) view the body ofter deoth.  Attending Med. Phys.  23D. ADDRESS  1.D. 3 6 40 7 ords	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  Solution death occurred on the  238, DATE SIGNED
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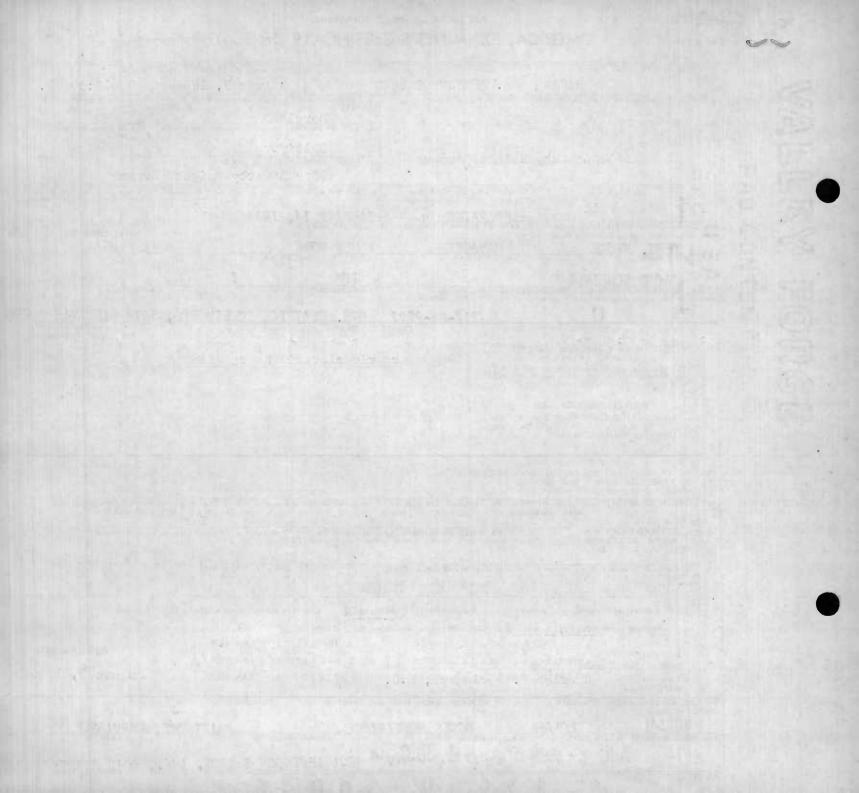
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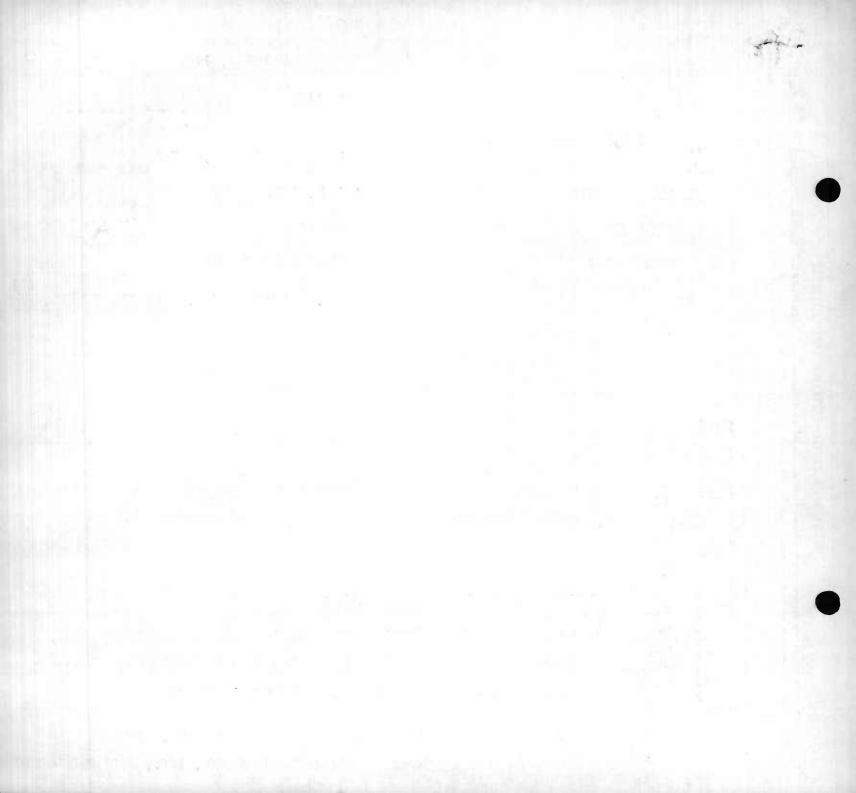
BIRTH NO.	MEDI	ICAL EXAMINER'S	CERTIFICA	TE OF I	DEATH Registe	ered Na. UOU4.5
M.E. CASE NO.	151.650					
(Type or Print)	HARRY	AARON SCHEINBE	D.C.		D HOUR PRONOUNC	
2 DI ACE IN BALT		HERE PRONOUNCED DEAD	KG	Augu	st 7, 1966	12:30 P.M.
S. PLACE IN BALI	IMORE, MARILAND, WI	HERE PRONOUNCED DEAD			B. COL	titutian: residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	c. city or to	ryland WN (If outsid	e corporate limits, write	e RURAL and give township)
	D. STREET ADD	ltimore RESS (If rural,	give lacotion)	15-11		
00			33	00 Liber	rty Heights	Avenue
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthday) 52	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
		TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreig	in country)	12. CITIZEN OF
DEPT. 13. FATHER'S NAM	STORE	MANAGER	NEW YOU	RK AIDEN NAM	E	USA
			704		2	
15. WAS DECEASE	SCHEINBERG D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	I DA			ADDRESS
	(If yes, give wor or date:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
YES	(WW 11	212-09-9207	MRS. BE	ATRICE S	SCHEINBERG.	3614 GLENGYLE AVE
1B.	0.0	CAU	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIE					
(This does of	LEADING TO DEATH		terioscler	otic hea	art disease	
he ort failure,	asthenia, etc. It means application which caused a	dying, e.g., DUE TO				
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	NTECENDENT CAUSE	(B)				
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING DUE TO				
	IG CONDITION LAST.	(6)				
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S TO THE	DEATH BUT NOT REL	ATED TO THE				
DISEASE OF	CONDITION CAUSING	DITION FOR WHICH OPERATION	LOOA ALLTORO	(a /V N - )	loop in the large su	NONCE CONCIDENTS
S ISA. DATE OF	WAS PERF			(Tes of No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
Z 21 A. EXTERNAL	CALLSE WAS	218 BLACE OF INTIESY (c.	Yes	WHERE DID	Yes	- A leasting
UTING CAU	OR CONTRIB-	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJUR	OCCUR?	iii in politimore City, gi	ve exoct lacation/
21D TIME	(Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)  m. WHILE AT NOT WHILE AT WORK						
22. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian						
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						
CHIEF MEDICAL EXAMINER						
ACTUAL	- 11/2 /2	110				DATE SIGNED
SIGNATI			D. ASSISTANT M			August 8, 1966
EXAMIN NAME (1	ER'S Charles	s S. Springate, M.D	. ASSOCIATE N	EDICAL E	CAMINER	August 0, 1700
23A. BURIAL CREA	MATION, 238. DATE	23C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or county) (State)
BURIAL	8/9/6	66 MOSES MONTI	FIORE		BALTIMORE	MARYLAND
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	UNLITED TO	ADDRESS
	AUG 9 196	is Robert E. Farley	MA COL IT	UTUCAL	a pode Tue	/ / / / / / / / / / / / / / / / / / / /
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



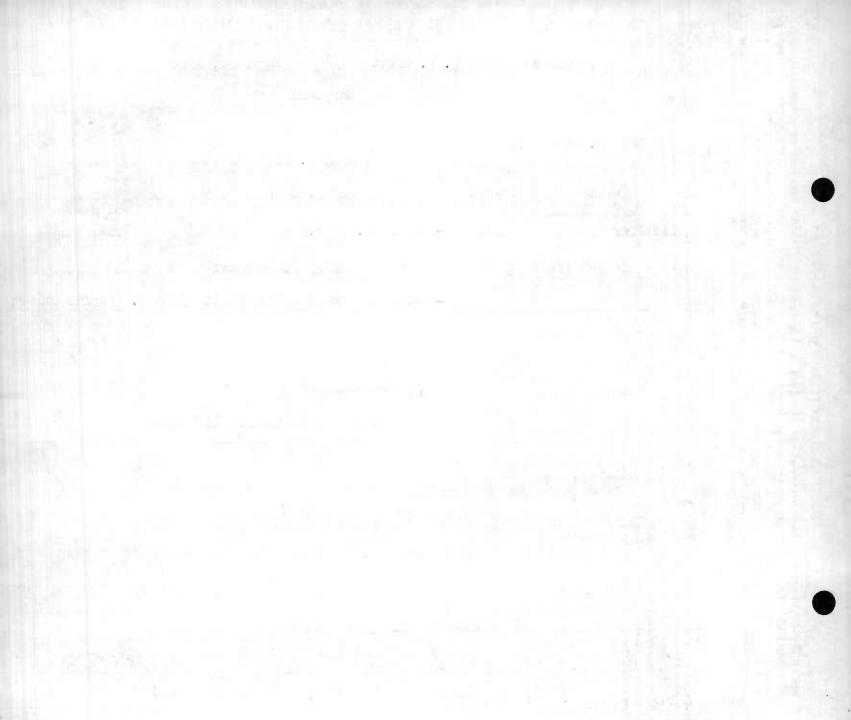
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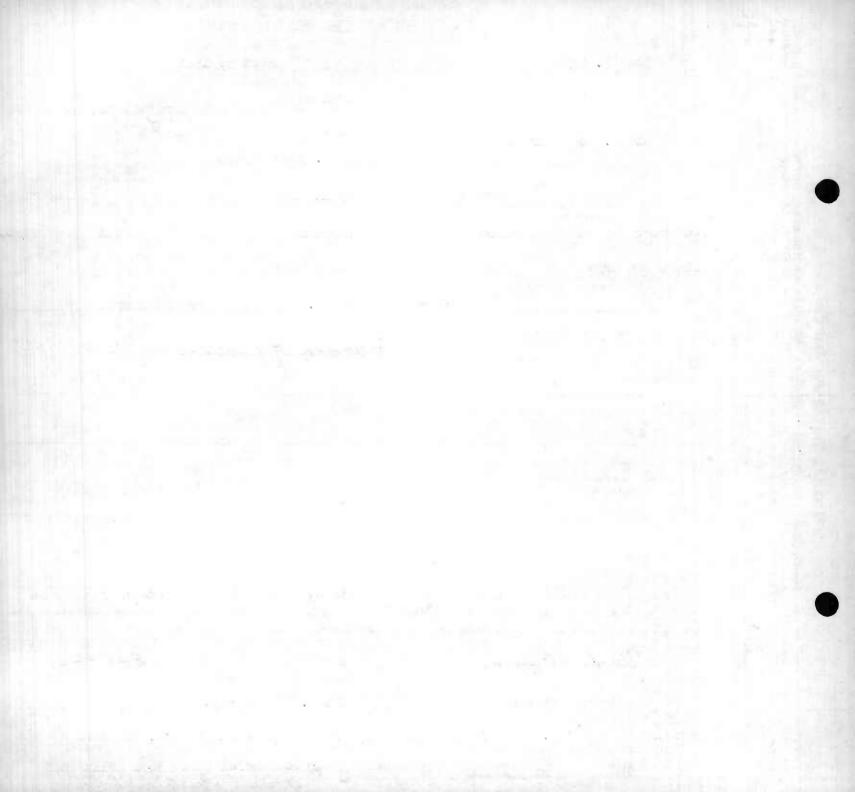
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VS 150-REV. 1/1/65







NAME OF D Type or Print)	KAHLER, JO		•		B-7-66	ATH	1:00
FULL NAME	OF (If not in hospito		give street	4. USUAL RESIDENCE (A. STATE B. C. MARYLAND	Where deceosed lived. OUNTY	. If institution; reside	AO
HOSPITAL O	ST.AGNES H	OSPITAL		BALTIMORE			53-0
40		29, MD.		CATON RID	(If rurol, give locotion) GE NURS IN		(28)
MALE	WHITE	WIDOWED	DOWED (specify)	1-4-80	9. AGE (In years lost bighday)	If Under 1 Months Doy	Yr. If Under ys Hours
	of working life, even if retired)		F BUSINESS OR INDUSTRY	UNKNOWN	foreign country)	12. CITIZEN WHAT	COUNTRY?
JAC				14. MOTHER'S MAIDEN	Unknown		
. Wos Deceas es, no or unkno	ed Ever in U. S. Armed Forn) (If yes, give wor or do	orces? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
UNKNOW 1B.	N No		CAUSE	OF DEATH	HOSPITAL,		ERVAL BETWE
heart foilur injury or c	not mean the mode of a position of the mode of a position of the mode of a position of the mode of the	of dying, e.g., is the disease, and death.)	(B)	lonzesfuse D Levisclust Couralized	earl Fail Le Spert Krefeinsch	Disere	
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BALTIMORE CITY HEALTH DEPARTMENT

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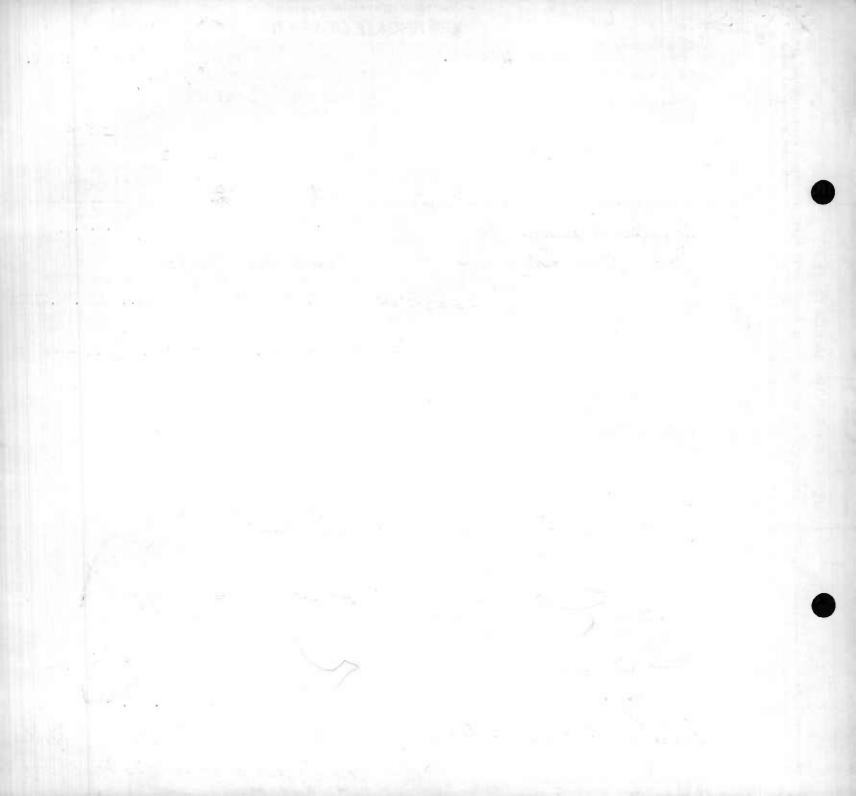
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INTERVAL BETWEEN ONSET AND DEATH

WHAT COUNTRY?

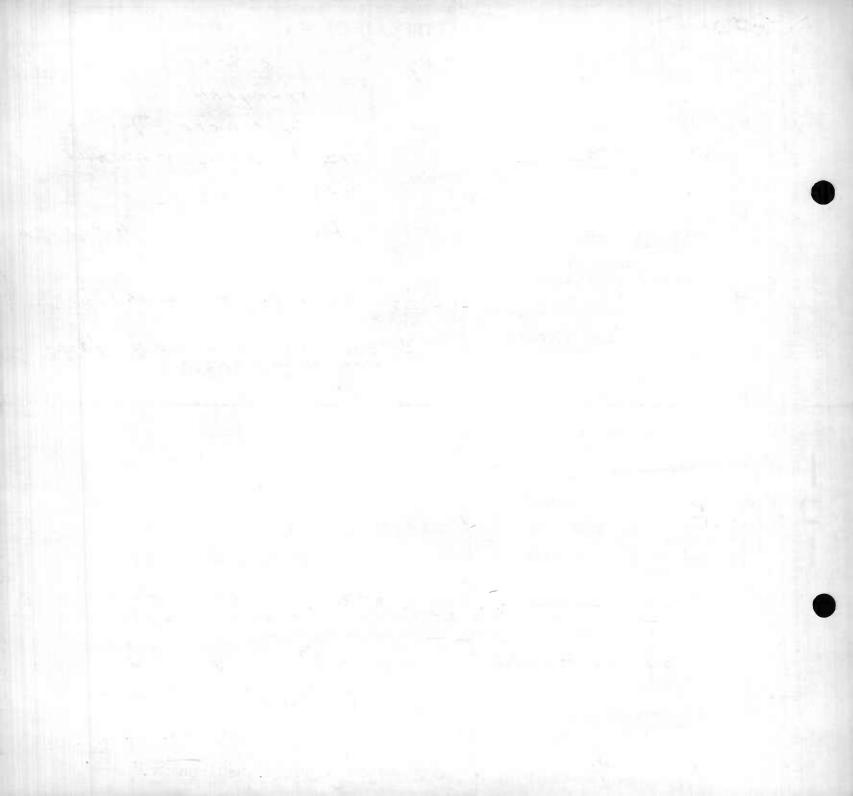
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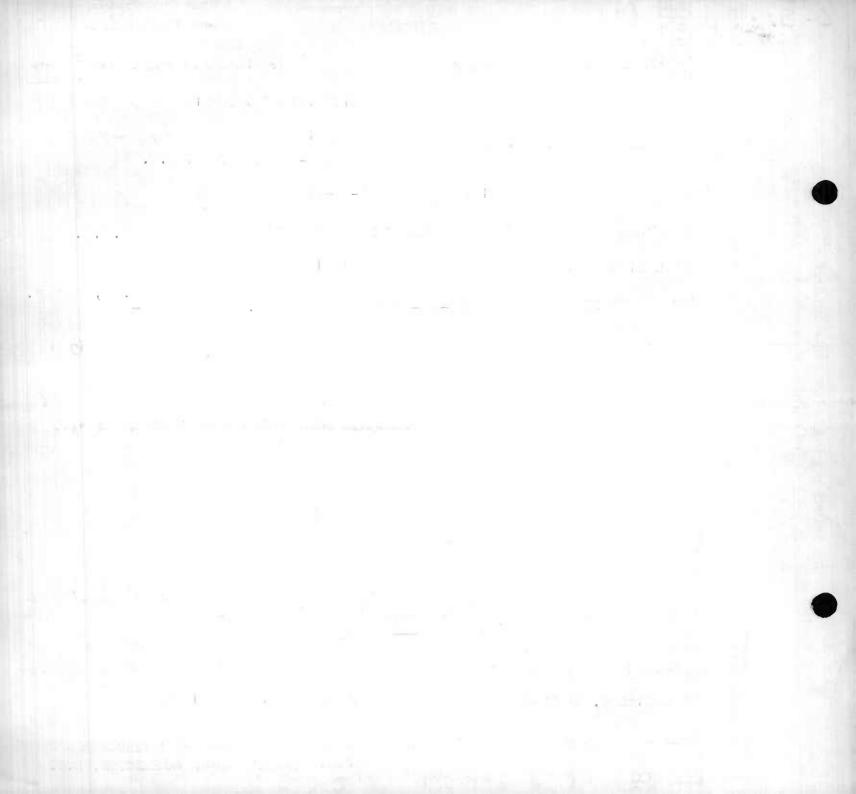
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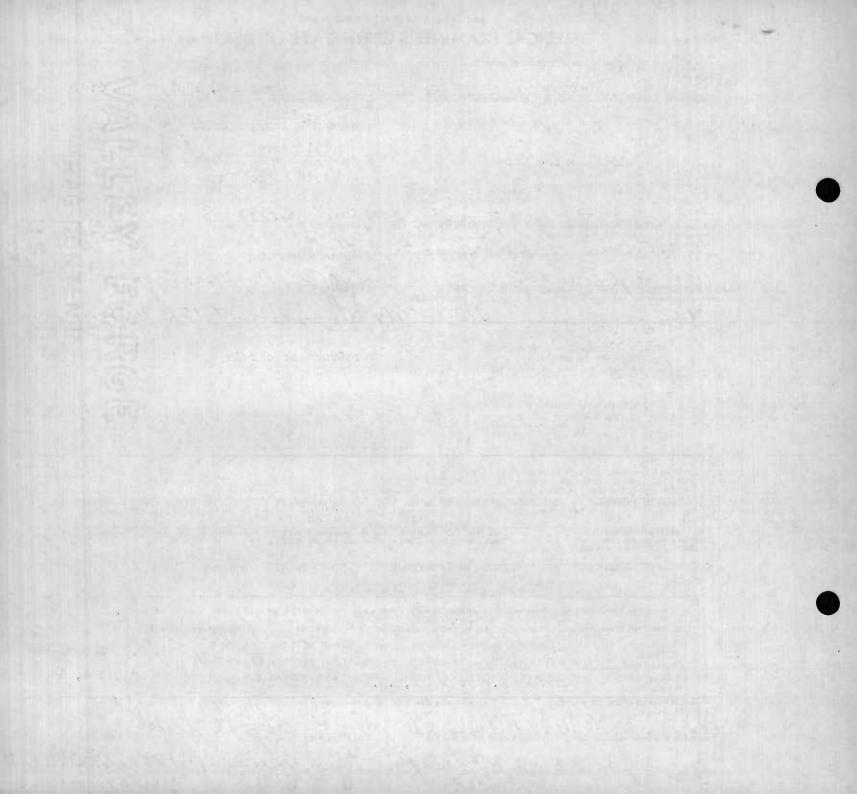
		CAL EXAMINER 3 C	EKTIFICATE OF DEATH REGISTERED NO.
	CASE NO.  AME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Тур	D.T. A)	Andersen	Aug. 7 1966   9:05 A M.
3. PL	ACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
			A. STATE Maryland B. COUNTY
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (if outside corporate limits, write RURAL and give toynship)  Baltimore
	101011		
13	464 Cummin	gs Court	D. STREET ADDRESS (If rural, give focation) 464 Cummings Ct.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED			
WIDOWED, DIVORCED (specify)			Comb 14 1902 lost birthdoys Months, Doys Hours, Min.
	USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR INDUSTR	YII. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
	during most of working life, even if retired)		WHAT COUNTRY?
13. F.	ATHER'S NAME	Domestie	14. MOTHER'S MAIDEN NAME
6	Paris Ca	120	Source Mallet
15. W	AS DECEASED EVER IN U.S. ARMED		17. INFORMANT ADDRESS 342
1105,	no or unknown) (If yes, give wor or dole)	3 17 -99 31	Shorts a like Br. A
1	B. //	CAUSI	E OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DI	PECTIV	ONSET AND DEATH
	LEADING TO DEATH		teriosclerotic Cardiovascular
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused	the discose,	
	many or complication which coused	DI	sease.
	DISEASES OR CONDITIONS, IF A	(8)	
	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE	
Z	ONDERENING CONDINON EAST.	(C)	
13	II II		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO THE Pulmonal	ry Emphysema.
RTI	PA. DATE OF OPERATION 198, CON	DITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
낑	WAS PER		IN CERTIFYING CAUSES OF DEATH?
Y	AL EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	JNDERLYING □OR CONTRIB- JTING □ CAUSE OF DEATH.	home, form, foctory, street, etc.)	omce bidg., INJURT OCCUR?
Σ	21D TIME (Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	APPROX.)	m. WHILE AT NOT AT W	WHILE
	22.		
	I certify that I held on I		tapsy and that an this basis, death in my apinion
	resulted fram: Natural car	uses Accident Suicio	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER
	ACTUAL IMAL .C.	h 9/-	ASSISTANT MEDICAL EXAMINER X
	SIGNATURE TO THE		ASSOCIATE MEDICAL EXAMINER Aug. 7 1966
	EXAMINER'S Werner U.	Spitz, M. D.	ASSOCIATE MEDICAL EXAMINER RUE 1 1700
	BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
7	Bureal 8-11-	66 mt a.l.	No Com Balt Mr
24A.	DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS 578
	AUG 9 1966 (	Police & E. Farley MA	Man Stranger O Hemmalus 200 181
	151-REV. 1/1/65		MINOS HIMANISA LE MITTER IN TENCH

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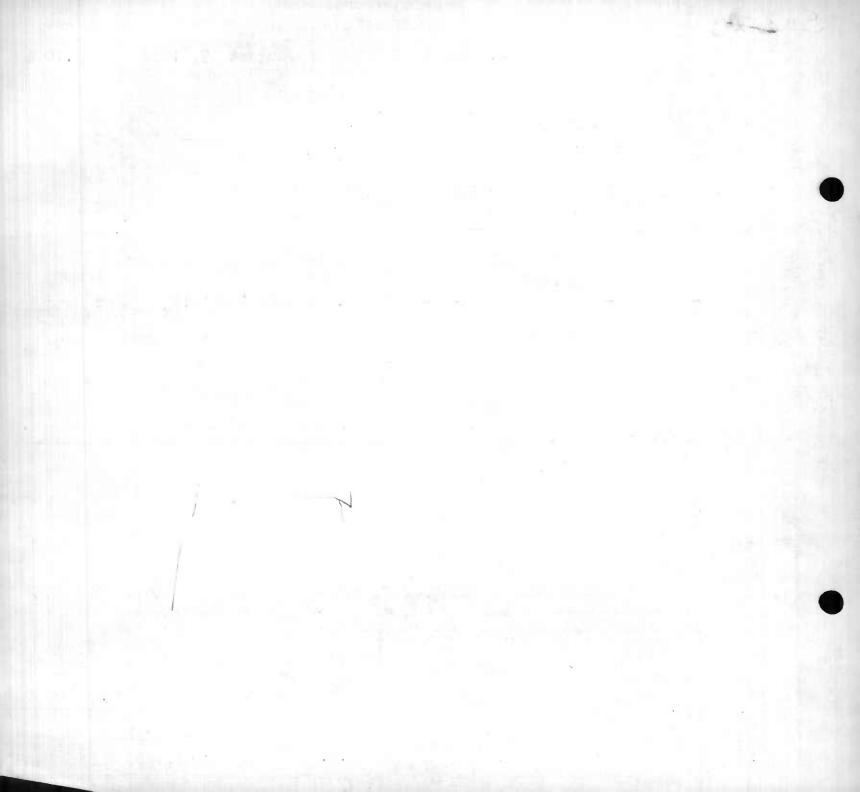
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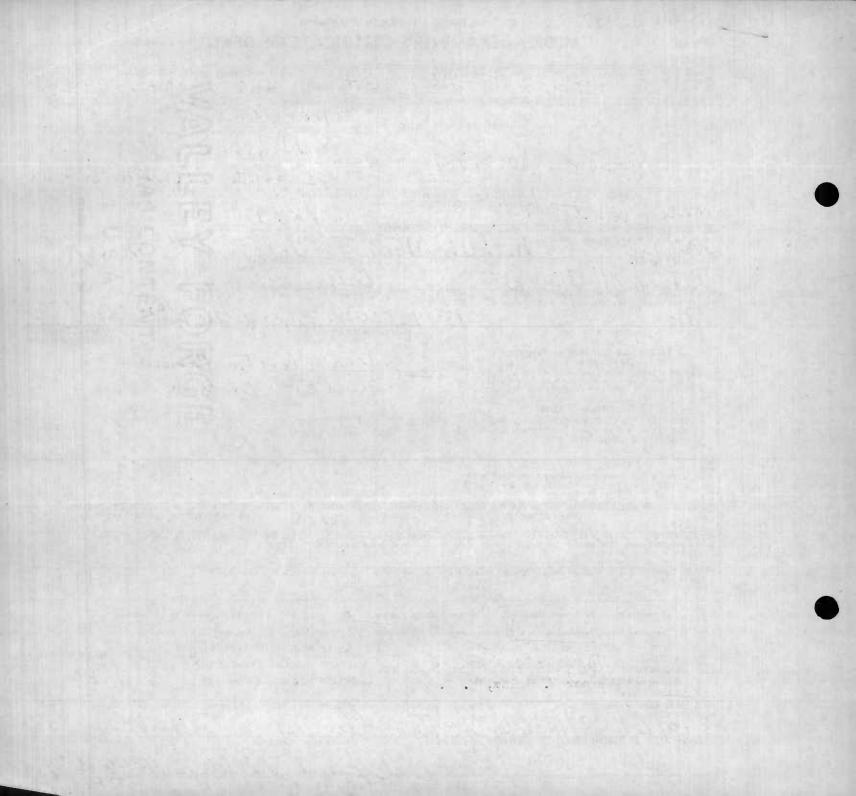
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M.E. CA										
1. NAM (Type or	Print)	EASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
			ertha		Bryant			st 8, 1966	5:0	7711
3. PLAC	E IN BALT	IMORE, MARY	LAND, WI	HERE PRONOL	UNCED DEAD	A. STATE	yland	deceased lived. If inst B. COU	itution: residence b JNTY	efore admission)
FULL NA HOSPITA INSTITUT	AME OF	(IF NOT I	OR LOCA	L OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TO		e corporate limits, write	RURAL and give	to wnship)
		1518 1	Monroe	Street		D. STREET ADD	RESS (If rurol,	give location)		
5. SEX		6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 Yr. I Months Doys	Under 24 Hrs.
Fem	ale	Negro		ma	ried	april	15,193	72 34		
		PATION (Give		TOB. KIND OF	BUSINESS OR INDUS	STRY 11 BIRTHPLACE	(State or fareig	n country)	12. CITIZEN OF	NTRY?
1 FATH	ER'S NAM	ess)		Kast	deistent	14. MOTHER'S M	AIDEN NAM	F	V. J. F	4.
13. FAIR	L & M A					P. A.	A TO A -	1		
101	relu	cu	rel	6-21		Ville	e M.	Brown	ADDRESS	
		O EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
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18.	,				CAL	JSE OF DEATH	2000	(605)4 . 3 / 2	INTER	VAL BETWEEN
	1.1.	1.1							ONSET	AND DEATH
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h.	eart failure,	osthenio, etc.	mode of	the disease,	DUE TO					# 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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		NTECENDEN			(B)					
		OR CONDITION			DUE TO					
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8					(C)	•••••				
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E 104		OPERATION			WHICH OPERATION	20 A AILTOPS	2 (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDI	PED
B	DAIL OF	OFEKAHON	WAS PERF		WHICH OFERATION	No.		IN CERTIFYING CAU		L R L D
₹ 21 A.	EXTERNAL	L CAUSE WA	S	218	PLACE OF INJURY (e.			(If in Boltimore City, pi	ve exact location)	
EDIC DND	PERLYING	OR CONTRIB		home etc.)	e, form, factory, street	t, office bldg., INJUR	Y OCCUR?			
OF I	TIME	(Month) (D	oy) (Yeor)		TE. INJURY OCCURRE		ILNI DIG WO	JRY OCCUR?		
	PROX.)			m. V	WHILE AT NO	T WORK				
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	ACTUAL	(1)	0.	P	11 "		EDICAL EX	-	DAT	E SIGNED
	SIGNAT		Lancy	V. 0	Servi N	A.D. ASSISTANT M				0 1066
	EXAMIN NAME (		Char	les S.	Springate, M	D. ASSOCIATE N	MEDICAL E	XAMINER	August	8, 1966
	RIAL CRE		B. DATE	23	C. NAME OF CEMETER	RY or CREMATORY	23D. J	OCATION (City,	, town, or county)	(Stote)
KEMOV.	AL (Specify	0	>/11/	1.1.	Maria Ma	DR	4	0 2	21.	
214 04	TE PECID	BY HEALTH I	DEPT	248 NAME	OF REGISTRAP	24C ELINED	AL DIRECTOR	cree, 11	ADDRES	\$
24A. UA	TE REC'D	DI MEALIM I	DEF I.	240, NAME	OT REGISTRAK	24C. FUNER	1 //	4 1	ADDRES	2000
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VS 150-REV. 1/1/65



BIRT	H NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	CASE NO.
1. N (Typ	Patrick F. Mc HUGH 2. DATE AND HOUR PRONOUNCED DEAD 945 DM.
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  MANY CONT.  B. COUNTY  B. COUNTY
HOS	L NAME OF ADDRESS OR LOCATION)  L NAME OF ADDRESS OR LOCATION)  A. STATE Mary Can M. B. COUNTY  C. CITY OR TOWN (Ill outside corporate limits, write RURAL and give township)  Balls un or county
3	MERCY HOSPITAL D. STREET ADDRESS (III rurol, give locosion) Pland avenue
5. SE	Nale White WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 3/17-1893 9. AGE (In years lost birthday) Months, Days, Hours, Min.
dong	USUAL OCCUPATION (Give kind of work 10 R. KIND OF BUSINESS OR INDUSTRY IV. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
13. F	ATHER'S NAMES
1	anich MC / dugh) Catherine touge VAS DECEASED EVER'IN U.S. ARMEDIFORCES? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS
(Yes	vas deceased ever'in u.s. Armed Forces?  16. Social SECURITY NO.  2/3-67-6820 Mass Mary Graham  Traham  Traham
	B. CAUSE OF DEATH ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ASTERIO SE PENOTE CANAD
	This does not mean the mode of dying e.g., head foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  Anterio Scherotze Cardio —  Vascullar Misease
z	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
CERTI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
S. C.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR?
	21 D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK
	22.   Certify that I held an Inquiry   Inspection   Autapsy   Auta
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 8.7.66  NAME (Type)  ACTUAL CHIEF MEDICAL EXAMINER 8.7.66
23A, REM	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)
24A	AUG 9 1966 P. Dr. & E. Farkey M. D. D. Millians 1346 of 29 A
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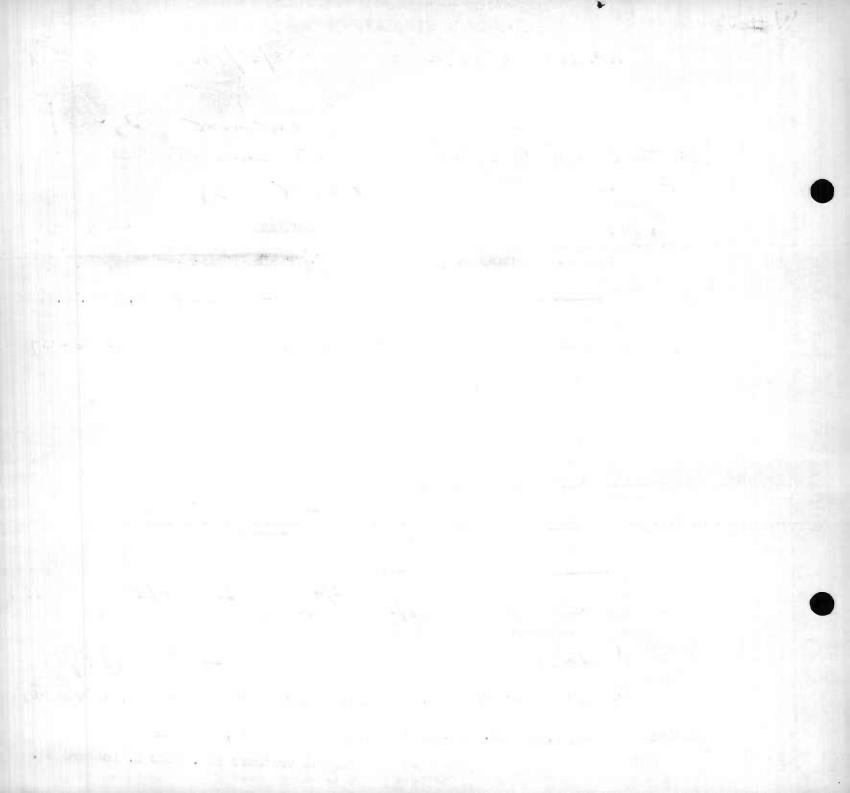
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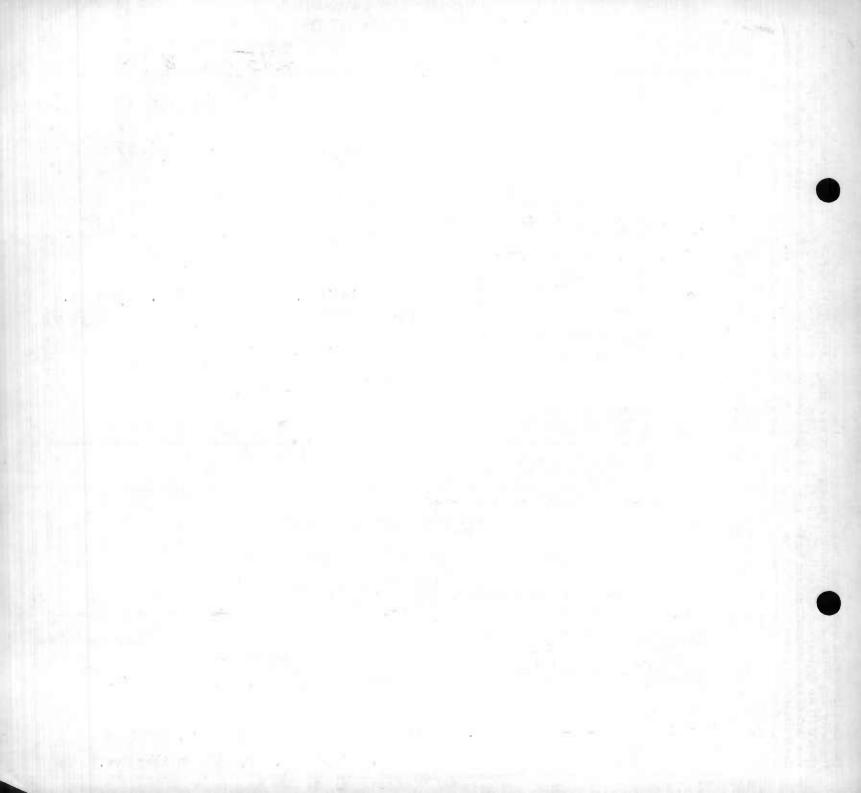
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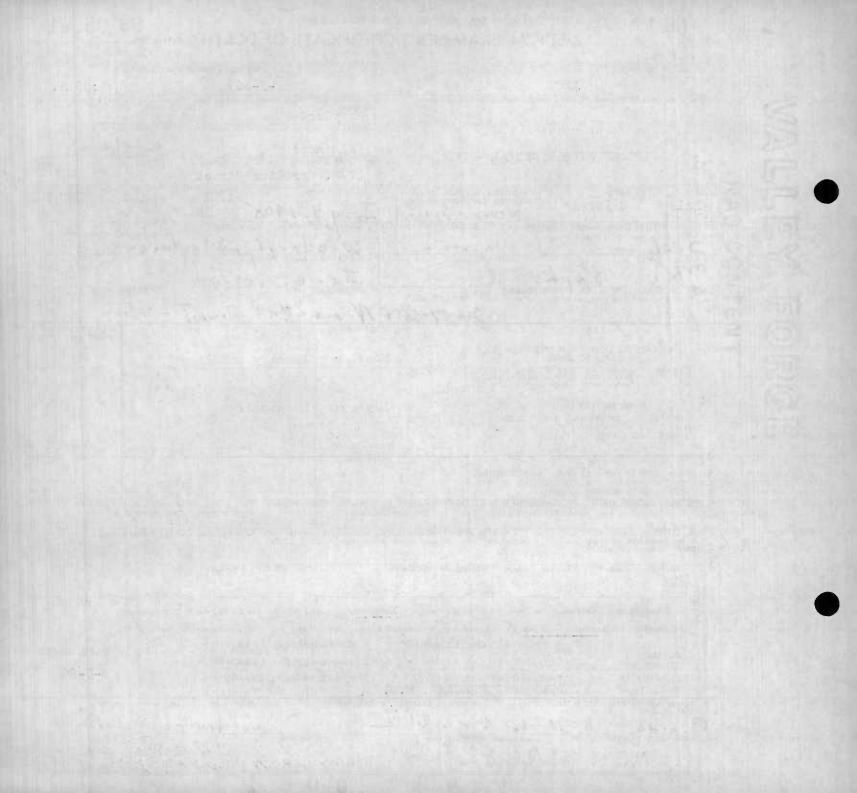




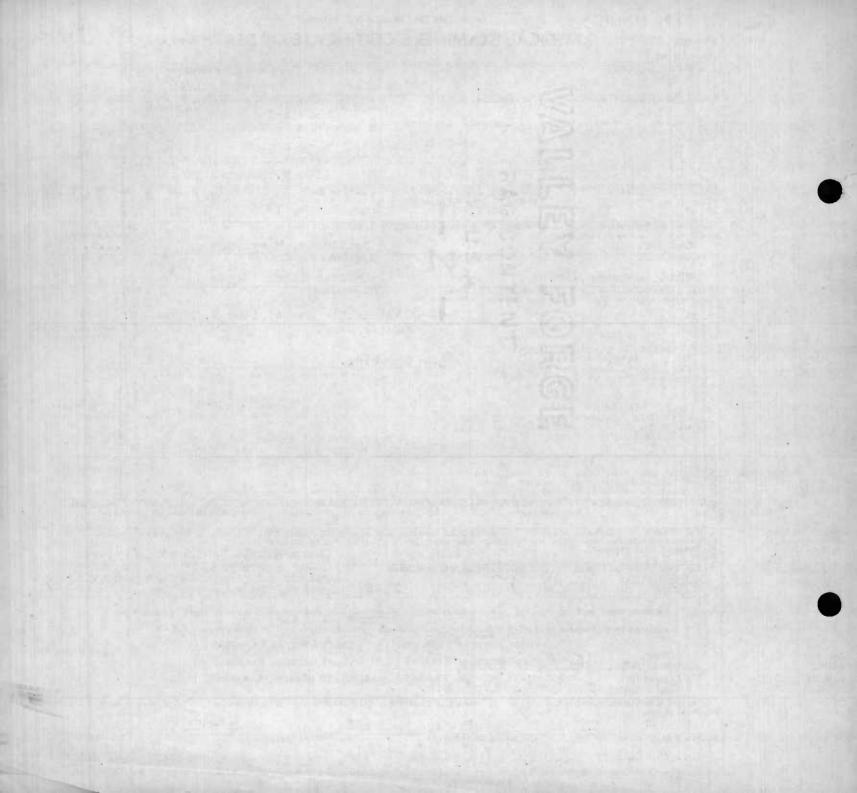
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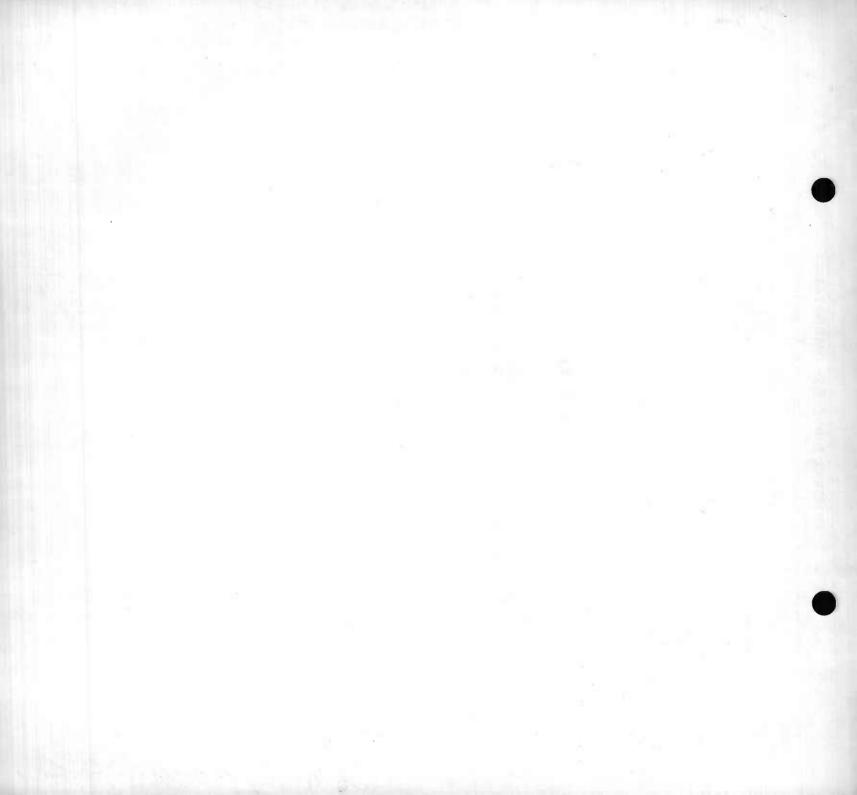
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NAME OF DECEASED  1, NAME OF DECEASED  1, NAME OF PRINCIPAL OR PARKS  3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD  1, UNDAY RESIDENCE (Where deceased leved, If unshibition residence before admission with a part of the part
A. JEACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  J. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  J. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  J. MARY JAME OF GIFNOT IN HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION!  JOHNS HOPKINS HOSPITAL - DOA  JOHNS HOPKINS HOSPITAL - DOA  J. STREET ADDRESS III most, give locateon)  JOHNS HOPKINS HOSPITAL - DOA  J. STREET ADDRESS III most, give locateon)  JOHNS HOPKINS HOSPITAL - DOA  J. STREET ADDRESS III most, give locateon)  J. N. Caroline Street  S. SEX  Male  Colored  J. MARRIED, NEVER MARRIED  N. L. W. J.
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL MAME OF INSTALL OR INSTITUTION, GIVE STREET INSTITUTION, GIVE STREET INSTITUTION  JOHNS HOPKINS HOSPITAL – DOA  STREET ADDRESS (II mord, give locoson)  17 N. Caroline Street  S. SEK  S. RACE  J. MARRED, NEVER MARRED, NEVE
IN NOT IN PORTAL OF INSTITUTION, GIVE STREET  JOHNS HOPKINS HOSPITAL - DOA  Baltimore  JOHNS HOPKINS HOSPITAL - DOA  Street  JOHNS HOPKINS HOSPITAL - DOA  Baltimore  JOHNS HOPKINS HOSPITAL - DOA  STREET ADDRESS (If word, give location)  17 N. Caroline Street  S. SEX  G. RACE  MOWED, DIVORCEDISpecify)  Note of Date of Birth   Social Mooths, Days, Hours, Min.  JOHNS HOPKINS HOSPITAL - DOA  18.  JOHNS HOPKINS HOSPITAL - DOA  Baltimore  D. STREET ADDRESS (If word, give location)  17 N. Caroline Street  Mooths, Days, Hours, Min.  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  What Country   What Country    JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  What Country    JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  What Country    JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL ON BRIED OF BUSINESS OF INDUSTRY (II.) BIRTHRACE (Stole or forigon country)  JOHNS HOPKINS HOSPITAL BETWEEN HOSPITAL BETWEE
D. STREET ADDRESS III morel, give leasten  17 N. Caroline Street  5. SEX Male Colored
Male Colored WIDOWED, DIVORCED(specify)  Nonths, Doy's Hours, Min.  10. USUAL OCCUPATION (Give kind of work 10.8, RIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ABMED FORCES?  16. SOCIAL  SECURITY NO.  18.  10. SOCIAL  MASSIVE PULIMONARY embolism  INTERVAL BETWEEN  ONSET AND DEATH  MASSIVE PULIMONARY embolism  INTERVAL BETWEEN  ONSET AND DEATH  ONSET AND DEA
IDAL SUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  ADDRESS  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. INFORMANT  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard follows, ostherio, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION SUSTRING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  17. INFORMANT  ADDRESS  Leg Vein thrombosis  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  (C).  17. INFORMANT  ADDRESS  NAME  AMASSIVE PUlmonary embolism  INTERVAL BETWEEN ONSET AND DEATH  ANTECENDENT CAUSES  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  (C).  (D)  (E)  (FYES, WERE FINDINGS CONSIDERED IN CERTIFORM CAUSES OF DEATH?  YES  UNDERLYING CONTRIB-
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. INFORMANT  18.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., hooft indiure, asthenic, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION PS. CONDITION FOR WHICH OPERATION  WAS PERFORMED  WAS PERFORMED  Ves  16. SOCIAL  17. INFORMANT  ADDRESS  ANAL HARD STORY  AND HARD STORY  ONSET AND DEATH  O
SECURITY NO.  215-07-5585  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., heart foilure, ostherina, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  VESTIGATION  19B. CONDITION FOR WHICH OPERATION  VESTIGATION  21A. EXTERNAL CAUSE WAS UNDERLYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYING OCCUR?  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION OF WHICH OPERATION  VESTIGATION OF CONTRIBUTING CAUSES OF DEATH?  YES  21B. PLACE OF INJURY (e.g., in or about) 21C, WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?  YES  21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE
SECURITY NO.    18.
TO THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT WHILE AT NOT WHILE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astherno, etc. If means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  21A. EXTERNAL CAUSE WAS UNDERLYING CONDITION CONTRIBUTING TO TIME (If in Boltimore City, give exact locotion) home, form, foctory, sheet, office bidge, in at a double of the control of the
LEADING TO DEATH  (A) Massive pulmonary embolism  (A) DUE TO  (B) DUE TO  (B) DUE TO  (C) DUE TO  (A) Massive pulmonary embolism  (A) DUE TO  (A) Massive pulmonary embolism  (A) DUE TO  (B) DUE TO  (B) DUE TO  (C) DUE TO  (C) DUE TO  (C) DUE TO  (E) DUE TO  (C) DUE TO  (E) DUE TO  (C) DUE TO  (E) DUE TO  (C) DUE TO  (E) DUE TO  (C) DUE TO  (D) DUE TO
(This does not mean the mode of dying, e.g., heart follow, a sthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  PA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  VAS PERFORMED  20A. AUTOPSY? (Yes or No.)  Yes  UNDERLYING OR CONTRIB- UN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  IPA. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  Yes  VAS UNDERLYING CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR
UNDERLYING CONDITION LAST.  (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED  YES  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about location) home, farm, foctory, street, affice bidg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED (APPROX.)  WHILE AT NOT WHILE
Ves IN CERTIFYING CAUSES OF DEATH?  Yes Ves Ves Ves Ves Underlying Gause of Death?  Yes Ves Ves Ves Ves Underlying Gause of Death.  218. Place of Injury (e.g., in ar about 21C, where DID (if in Boltimare City, give exact locotion) Underlying Gause of Death.  210. Time (Month) (Day) (Year) (Haut) 21E, Injury occurred (Approx.)  While at Not while
Ves IN CERTIFYING CAUSES OF DEATH?  Yes Ves Ves Ves Ves Underlying Gause of Death?  Yes Ves Ves Ves Ves Underlying Gause of Death.  218. Place of Injury (e.g., in ar about 21C, where DID (if in Boltimare City, give exact locotion) Underlying Gause of Death.  210. Time (Month) (Day) (Year) (Haut) 21E, Injury occurred (Approx.)  While at Not while
Ves IN CERTIFYING CAUSES OF DEATH?  Yes Ves Ves Ves Ves Underlying Gause of Death?  Yes Ves Ves Ves Ves Underlying Gause of Death.  218. Place of Injury (e.g., in ar about 21C, where DID (if in Boltimare City, give exact locotion) Underlying Gause of Death.  210. Time (Month) (Day) (Year) (Haut) 21E, Injury occurred (Approx.)  While at Not while
Ves IN CERTIFYING CAUSES OF DEATH?  Yes Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ve
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    home, farm, foctory, street, affice bldg., INJURY OCCUR?   etc.     21D TIME (Month) (Day) (Year) (Haut)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?   (APPROX.)   WHILE AT   NOT WHILE
21D TIME (Month) (Day) (Year) (Haut) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (APPROX.) WHILE AT NOT WHILE
(APPROX.)
22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death In my apinlan
rasulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL ACCISTANT HEDICAL EVANINED X
SIGNATURE ASSOCIATE MEDICAL EXAMINER 8-5-66
NAME (Type) / RUDIGER BREITENECKER, M.D.
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)
Burial 8-11-66 New Bettel Ce. Woodruff, S. Caroline
0 11 11 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1

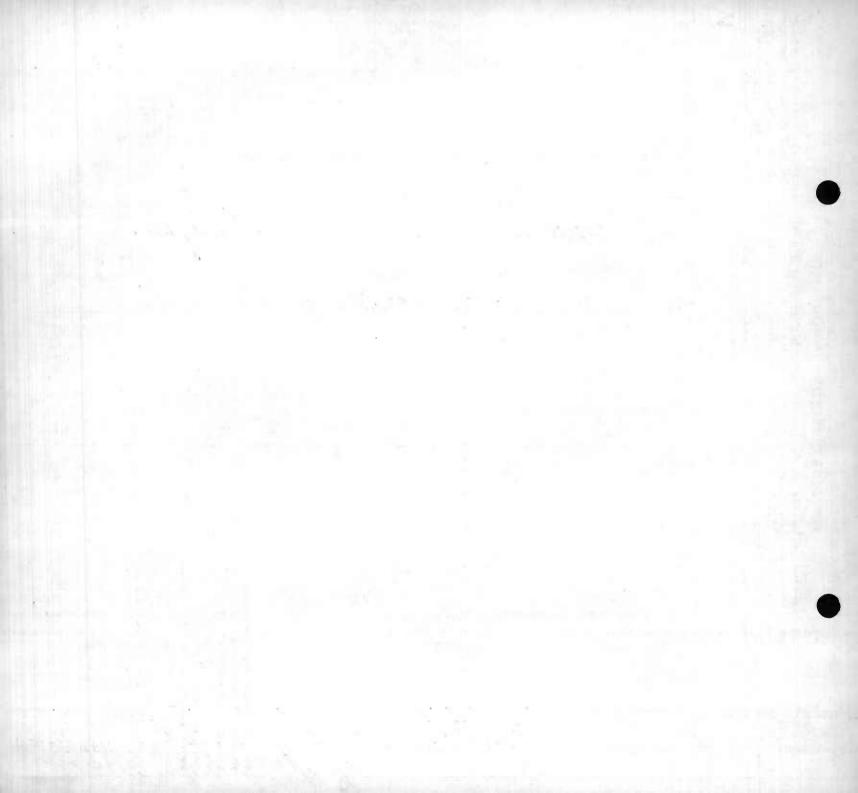


R500	86 USU62 BALTIMORE CITY HEAD MEDICAL EXAMINER'S C	ERTIFICATE	OF DEATH Register	red No.66 08U62				
1.	M.E. CASE NO.  1. NAME OF DECEASED							
	(Type or Print)	OANE	August 3, 1966	8:20 A				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived, If insti	tution: residence before odmission)				
	SHIELD NAME OF THE NOTING HOSPITAL OR INSTITUTION CIVE STREET	A. STATE Mary1						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION		(If outside corporate limits, write	RURAL ond give township)				
	Johns Hopkins Hospital	Baltimore  D. STREET ADDRESS (If rurol, give locotion)						
	South hopkins hospital	1106 N. Mount Street						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married	8. DATE OF BIRTH December 4,	1936 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.				
	to A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)  Cab Driver	Baltimore,		12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDE						
	Phillip Roane, Sr.	Mattie Ro						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT		ADDRESS				
	Yes 219-32-7763	Mattie Roam	ne, 1106 N. Mount	t St.				
	DISEASE OR CONDITION DIRECTLY	wning.		INTERVAL BETWEEN ONSET AND DEATH				
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	***************************************						
	WAS PERFORMED	20A. AUTOPSY? (Ye Yes	S OF No. 208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH? Yes				
	UTING CAUSE OF DEATH.    home, form, foctory, street, or pool	office bldg, INJURY OC Charm	Motel, Faulkner	0.0				
		Failur	of resuscitations in swimming po					
	I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
	resulted from: Noturol couses Accident & Suicide Homicide Undetermined monner							
	7)	CHIEF MEDIC	CAL EXAMINER	DATE CICHED				
	SIGNATURE Charles Cuts M.D.	ASSISTANT MEDIC	CAL EXAMINER X	B/4/66				
	EXAMINER'S NAME (Type) Wharles S. Petty, M.D.		CAL EXAMINER	0/4/00				
Hamble Bally	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY	23D. LOCATION ICity,	town, or county) (Stote)				
	REMOVAL (Specify)							
	Burial   8/8/66   Baltimore Nat	24C. FUNERAL D	Baltimore, Mo	ADDRESS				
	Aug. 9, 1966 9 1966 Robert E. Farlum		R. Law, 802 Madi					

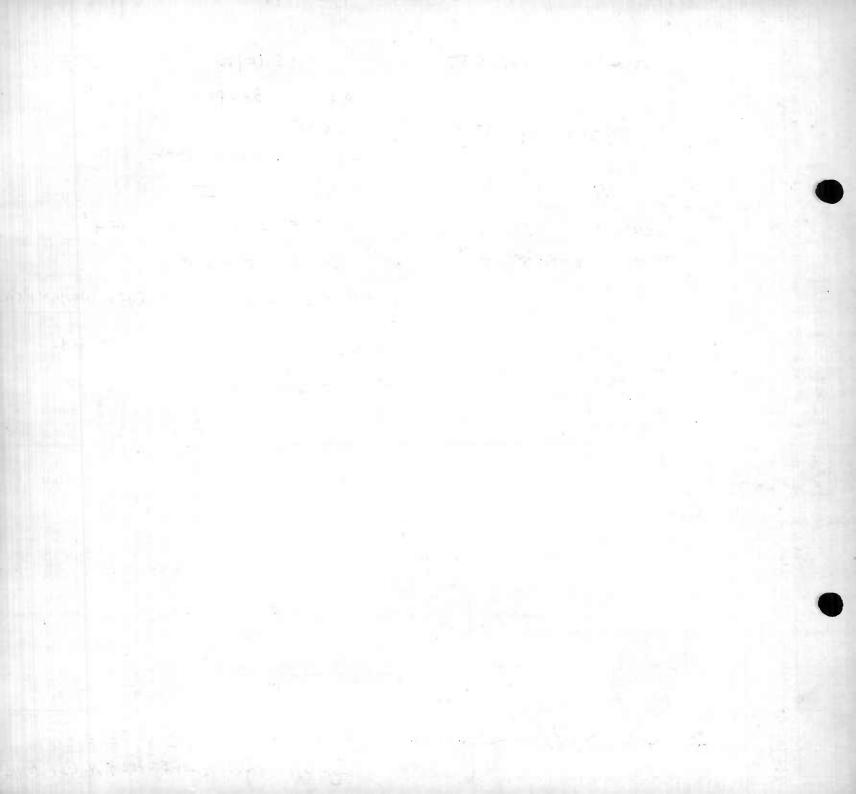




VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



BIRT	H NO.		WEDI	CAL EX	AMINER'S CI	ERTIFICAT	TE OF DEATH Regi	stered No	
M.E	CASE NO.								
1. N	AME OF DEC	CEASED					2. DATE AND HOUR PRONOU	NCED DEAD	
/		I	ONA J	OHNSON			Aug. 6 1966	1	7:25 P M.
		IMORE MARY				A. STATE	ENCE (Where deceased lived. II	institution: reside	nce before admission)
HO:	L NAME OF SPITAL OR TITUTION	ADDRESS	OR LOCAT	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOV	vn (If outside carporote limits.)	write RURAL ond	give to wnship)
4	Sou	th Balt	imore	General	Hospital	D. STREET ADDR	RESS (If rural, give locotion)  O S. Hanover Stre	eet.	
5. <b>S</b> I	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTS		ors   If Under 1	1 Yr. If Under 24 Hrs. Doys , Haurs , Min.
Re	male	White		Widow		Ech A	67		
10A.	USUAL OCC	JPATION (Give			BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN	
done	em . 1	working life, ever	if retired)					WHAT	COUNTRY?
13. F	Reti					Baltimon	AIDEN NAME	LU.S	- A.
15 M	John	Joseph D EVER IN U.			16. SO CIAL	17. INFORMANT	Stump	ADDRESS	
		Of the ses, give v			SECURITY NO.	INFORMANT		ADDRESS	Balto.
					213-06-5043	Mrs. Catl	herine Gehring, 6	023 Mon	tgomery St.
	18. / /	2 V.			CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEA	1 COND	ITION DIE	CHV					ONSET AND DEATH
	DISEA	SE OR COND LEADING T	O DEATH	ECILI	Arte		ti and Hypertens:	ive	
	(This does heart failure, injury or con	nat mean the asthenia, etc. mplication whic	made al It means h caused d	dying, e.g., the disease, eath.)	GOEXOCX	Cardiova	scular Disease.		
	DISEASES RISE TO TH	OR CONDITION  E ABOVE CAU  NG CONDITION  OF	ONS, IF AN	Y, GIVING	(8) DUE TO				
z					(C)				
CERTIFICATION	TO THE	II NIFICANT COI DEATH BUT R CONDITION	NOT REL	ATED TO TH					
RTI					VHICH OPERATION	20A. AUTOPSY	? (Yes ar Na) 20B. IF YES, WERE	FINDINGS CO	NSIDERED
	0		WAS PERF	ORMED			IN CERTIFYING C.		
O	UNDERLYING	L CAUSE WA OR CONTRIB- SE OF DEATH		21 B. I hame, etc.)	form, factory, street, o	in or about 21 C. V iffice bldg., INJURY	VHERE DID (II in Baltimore City OCCUR?	, give exact lac	ation)
	21D TIME OF INJURY (APPROX.)	(Month) (D	ay) (Year)		HILE AT NOT		DW DID INJURY OCCUR?		
	22.			m. W		ORK			
		tify that I he ted fram: No		quiry	Inspection X Aut		that on this basis, death I de Undetermined ma		
	16201	led tinu: 140	310101 000	202 X Y	Solcide				
	ACTUA		Suc		2/-		EDICAL EXAMINER EDICAL EXAMINER		DATE SIGNED
	SIGNAT	IER'S Wern	er II.	Spitz.			EDICAL EXAMINER	Aug. 7/	166
23.4	NAME (	Туре)	3. DATE		C. NAME of CEMETERY o			City, tawn, or co	
	AOVAL (Specify	y)					200 COCATION	, , , , , , , , , ,	
244	Burial	BY HEALTH C	8-10-6		loly Cross Cen	netery 24C. FUNER	Ritchie Hwy	· A · A	Co. Md.
247	. DAIL REE D	THE METAL		THE INVITE	0 7.0		& Flyeming 1422	Light S	t.
1/5	161 DEV 14	HE 9	1955 (	L.Co.S	E Maybearter	(Su	W Serving		

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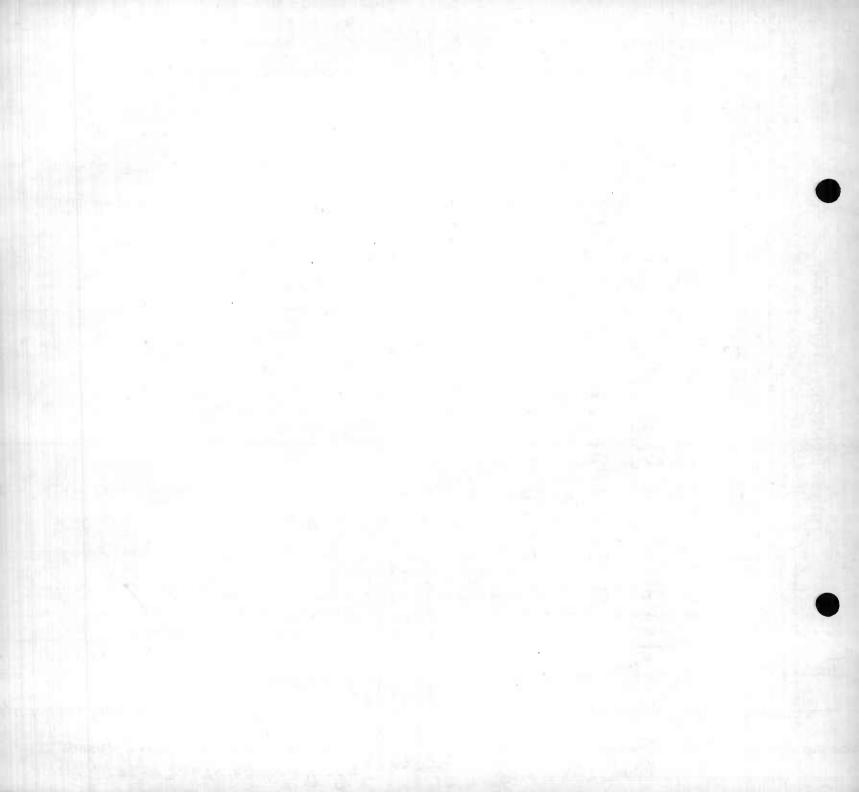
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faring Island and the Ele

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1/15.

66 08067	BALTIMORE CITY HEA	ALTH DEPARTMENT		66 08067
BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	00 00067
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	,20
(Type or Print) WILLIAM W- HOBE	35	AUG-	7-1966	1 5 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. A.	USUAL RESIDENCE (Where	deceased lived, if instituti	on: residence before odmissi
FULL NAME OF (If not in hospital or institution, give	street	MARYLAND		Balto
HOSPITAL OR oddress or location) INSTITUTION	c.	CITY OR TOWN (If outsi	de city limits, write RURA	L and give township)
9) HOOD CONVALESCENT A	10/1/E	BALTIMORE	rol, give location)	23-00
5313 EDMONDSON AV	E 6	48 ORPING	TON RD	29
5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED  OVORCED (specify)	DATE OF BIRTH 9.	AGE (In years If Mo	Under 1 Yr. If Under 24 h
M WIDE	WED 1	1-28-1884	ST DIMINERY	HIIIS DOYS HOURS WITH
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY 11.	BIRTHPLACE (Stofe or foreign	n country) 12.	CITIZEN OF WHAT COUNTRY?
	EPHONE 1	MARYLAND		USA
13. FATHER'S NAME	14.	MOTHERS MAIDEN NAM	E	
HORRS				
15. Was Deceosed Ever in U. S. Armed Forces? 16. (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL 17. I	INFORMANT		ADDRESS
		MATHY PARCE	CIEVIHEND	PINICTON EL
18. 3 = 4	CAUSE OF DE	EATH CROSS	FF 1 670 UP	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0-0			ONSET AND DEATH
LEADING TO DEATH	(A) CERE	DRAL ARTER	10SCLEROSKS	ZYEAR
heart failure, asthenia, etc. It meons the disease,	DUE TO			/
injury ar camplication which caused death,)	(B)		1.0	
DISEASES OR CONDITIONS, if ony, giving	DUE TO	~~~00+40 04200 04 = 10 = 10 0 = 10 0 = 10 = 10 = 10		***************************************
rise to the above couse (A) stoting the	(C)		· · · · · · · · · · · · · · · · · · ·	*************************************
UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
R A COURT WAS A COURT OF THE CO				
OR CONTRIBUTING CAUSE OF home, for	ACE OF INJURY (e.g., in or of form, foctory, street, office I	bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
0				
S OF INJURY	JURY OCCURRED  At Not White	21F. HOW DID INJU	RY OCCUR?	
Work	At Work		15 01	100
22. I certify that (I) (this hospital) attended the d	deceased from	3/16/ 19	65 10	19 6
that (1) (we) lost saw the deceased alive on	J/3		In(my) (our) opinion	deoth occurred on the
and hour and from the couses stated above (1) (W	Ve) (did) (dld not) view	the body after death.		
23A. SIGNATURE	M.D. Attending	Med. S		DATE SIGNED
Jan K. zugler	Phys.		toff hys.	8/8/66
23C. PHYSICIAN'S NAME (Type)	2	ADDRESS	1111	/ ELLICOT
PAUL R. ZIEGKER	2 M.D. 7	100 (HES) X	101 141200	R CITY
24A. BURÍAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	E of CEMETERY OF CREMAT	TORY 24D, LO	CATION (City, to	wn, or county) (Stat
Bun a 0/ 1// 16112				
DOKIAL 0/10/66 (2001)	ON PARK C	CEM BA	LTO	110
SA. DATE REC'D BY HEALTH DEPT.   25B. NAME OF R  AUG 9 1966 Pleate &	PARK C	25C. FUNERAL DIRECTOR	470	ADDRESS  EDMONDSON A



00 00000	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08068
BIRTH NO. 66 USU68	CERTIFIC	ATE OF DEATH	Registered No.	000000
M.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	
(Type or Print) MRS, MARIE KRC	SKI	8-7	1-66	12:35 An
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If	institution; residence before admission)
FULL NAME OF (If not in hospital or institution, g	nuo etroct	MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION	- sireer		utside city limits write	RURAL and give township)
CHURCH HOME + HOSDII	M	RATTMORE	/-	-07
35 BK TIMORE, MARY CHO	2/23/		rurol, give location)	Product Control
DECIMORE I MINING CIPY		2228 B	mk sti	
	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
P W MAL		1-4-01	lost birthday)	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	- M	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife Wife		MARYCKNA		II.C.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0/3/7
MIDE NO CONTUE				
WALLO AND ZILVETER	11 ( 50 514)		5 KHOWY	4000777
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Vo	MONE	PATIENT		
18. 335XI	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	6	1.1.1		ONSET AND DEATH
LEADING TO DEATH	(A) EA	I CEPHALOPATHU	<b>)</b>	
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the discose,	DUE TO	1		
injury ar camplication which coused death.)		BRAIN VURDO	R OR	?
ANTECEDENT CAUSES	DUE TO	V////		
DISEASES OR CONDITIONS, if ony, giving		CVA		?
rise Ia the abave cause (A) sloting the UNDERLYING CONDITION lost.	(C)			
11	Λ	······································		
	$\mathcal{L}$			
OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		neumonin	11	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION ?	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
= 8-4-66 BRAIN	(UMER:	NO		
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
DEATH (notify medical examiner) etc.)				
	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX) Whi	le At Hot Wi		-	
22. I certify that (1) (this haspital) attended th			19 66 to 8.	-1- 1066
	8 - 7-	1/		in the second se
that (1) (we) last saw the deceased alive an				inian death accurred on the da
and haur and from the couses stated above. (I	) (We) (did) (did nat)	view the bady after death.		loop DATE CLONES
23A. SIGNATURE	M.O. A	ttending Med.	Stoff	23B, DATE SIGNED
Commo	Pi	hys. Director	Phy s.	
23C. PHYSICIAN'S NAME (Type)	(	23D. ADDRESS	1/	11/1/1
DR- STON CITI	MDERSMI	Chuech	HOME	2, HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME OF CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or coupy) (Stote)
RUPIAL V-11-11 LA	VPACABU	PEM R	ALTIN	MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R O	ADDRESS
BUG 9 1966 P.O. & &	. Farberen	JOHN M WEBER	ELSONS INC 4	US, CHESTER ST
VS 150-REV. 1/1/65		0 6 0 7	1,-1,-	

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DIRECTOR:

FUNERAL

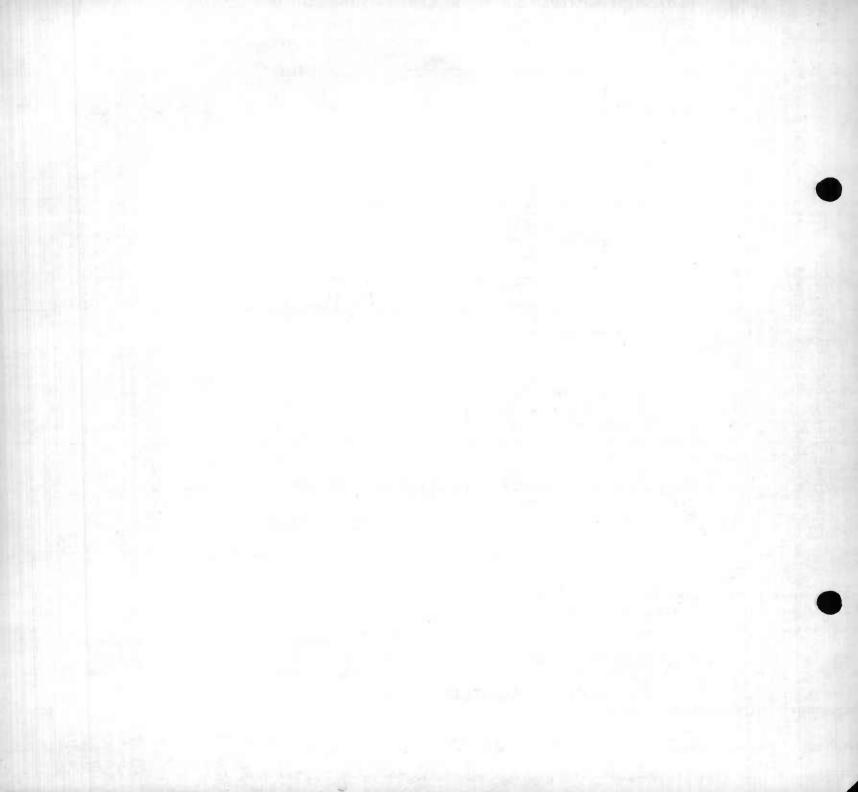
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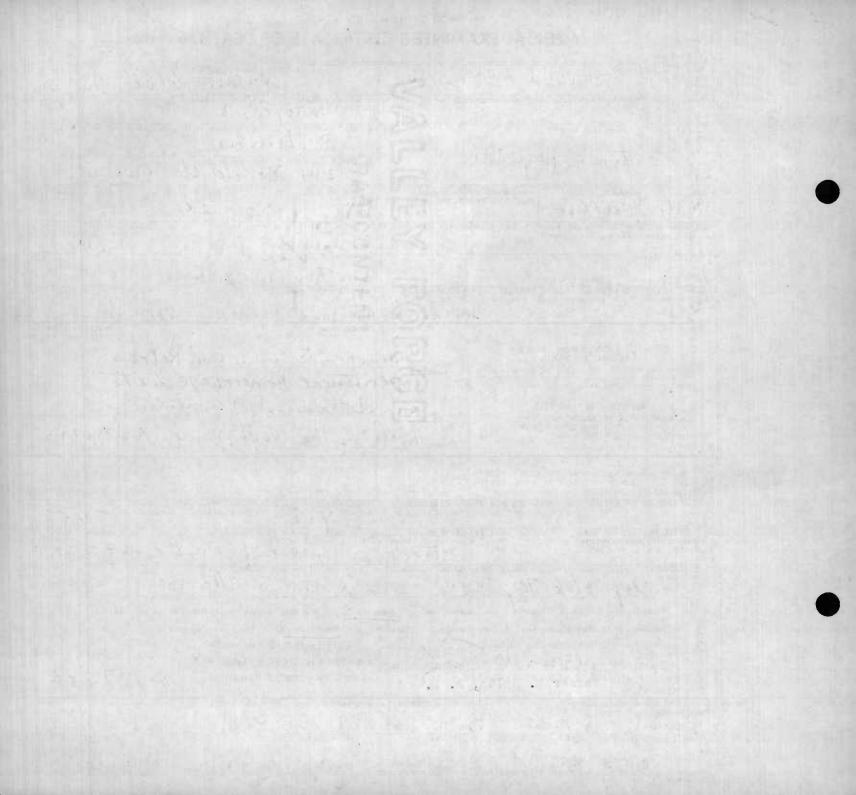
	66 08670	BALTIMORE CITY	HEALTH DEPARTMENT		66 0807
BI R	TH NO. 64-29855	CERTIFICA	TE OF DEATH	Registered No	00 0007
۸ <u>.</u>	E CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Ту	pe or Print) Mandis Johnson		8-	5- 66	1 3
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before or
	FULL NAME OF (If not in hospital or institution, give	streel	Md.		
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	side city limits, write	RURAL and give town hip)
	University Hosp.		Balto.		
-	annersing 1101p.		D. STREET ADDRESS (If r	urol, give location)	
- 0.00	SEX   6. RACE   7. MARRIED, NEV	/FD AAA PRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under
		VORCED (specify)	, , ,	ost birthdoy)	Months Doys Hours
102	LUSUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS	INESS OR INDUSTRY	10 - 3/- 6 4	gn country)	12. CITIZEN OF
dor	ne during most of working life, even if retired)		Md.		WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A F	1 9 . 5//
	11. 1 16.		11/1. 1	0	//
1.5	Wos Deceosed Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	Dorse	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	AO 11 -		,
			Mr. Howard. J.	Johnson	1605 Vince
	18.20441	CAUSE O	FDEATH		ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	heum win		3ab
	(This does not mean the made of dying, e.g.,	DUE TO	LITERING OF LA	රිස්ත්රේ ම රා වර අපතු සැකි කිරීමත්වල් ව වැන කිරීමේ මත්ත්රේ ම වැනකුණ ඉහළුණ ව	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	- 15	1.1.6.		101
	ANTECEDENT CAUSES	(B) DUE TO	eulemia	***************************************	10 mo
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
	II				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.	CH OBERATION	20A. AUTOPSY? (Yes or No)	OUR IE ALL MESS	EINDINGS CONSIDERED
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	- OFEKATION	AUTOPST/TTES OF NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
CAL	OR CONTRIBUTING CAUSE OF home, to etc.)	orm, foctory, street, of	tice bldg., INJURY OCCUR?		
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
MEDI	OF INJURY (APPROX.) While A	Not While At Work	е		
	22. I certify that (1) (this hospital) attended the d		11/4 14 1	9 66 10	A43 4 19
	that (1) (we) lost saw the deceased alive an	Aug U			nion death accurred or
	and hour and from the causes stated above. (W	e) (did) (did not)		obi	decoiled of
	23A. SIGNATURE	e, (did) (did not) v	ien the body offer dedfh.		238. DATE SIGNED
	alhed Roundling	M.D. Atte	ending Med.	Stoff Phy s.	8/0/14
	23 C. PHYSICIAN'S		23D. ADDRESS	r ny 3. 🔼	13/4
	ALFRED ROSENSTE	IN M.D.			
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CRE	MATORY 24D, LC	CATION (Ci	ty, town, or county)
	PSMOVAL (Specify)	la huma	Bu Bu	1.timore	me
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	EGISTRAR	25C. FUNERAL DIRECTOR	111111/6	ADDRESS
	AUC 9 4000 A 6 6 0	TO	Mortan & Du.	H II	1701 Lucker
_	AUG 7 1966 (1) P. P. E	James MA	10110110110	1 1.11	1101 FRULE



HI ABO ROSTADRINES

	BALTIMORE CITT	TEALIN DEPARTA
MEDICAL	EVALAINIEDIC	CEDILLIC

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.					
M.E. CASE NO.						
1. NAME OF DECEASED DONALD SPENCE	Lufus 6/66 8:30 DM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before fimission) A. STATE WAY CAN B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (houtside corporate limits, write BURAL and give township)					
Lutheran Hospital	D. STREET ADDRESS (If rurol, give location) 1214 Braddish avenue					
5. SEX Male Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthdox)  Months Doys Hours Min.					
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUS	WHAT COUNTRY?					
Western Electric	Washington D.C. US, n.					
13. FATHER'S NAME	T					
15. WAS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL	Direthy M Jackson ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	010					
9es 214-40-808	3 Mis Kirbara Spence 1234 Pladish ave					
18. 2 9 8 1 / I	ISE OF DEATH I INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	temporation and Retrot					
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	renitoneal Hemorrhage due to					
injury or complication which coused death.)	eritoneal Hemorrhage aue to					
ANTECENDENT CAUSES	instat wavend of abdomen					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	++					
UNDERLYING CONDITION LAST.	living the aoria, Pancioas and Liver					
Q II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
UTING CAUSE OF DEATH.	in or about 26C. WHERE DID (If in Boltimore City, give exact location), office bldg, INJURY OCCUR?  IN HEAT of 2345 LOTE of ave.					
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE						
(APPROX.) Ley 6/66 700 WHILE AT NOT WHILE X Shot in altercation						
22. 1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion						
resulted from: Notural causes Accident Sulcide Hamicide Undetermined manner						
CHIEF MEDICAL EXAMINER DATE, SIGNED						
SIGNATURE JURNUL N-Zr-CM	D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Werner U. Spitz M. D.	ASSOCIATE MEDICAL EXAMINER   New 1/66					
REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETER	OF CREMATORY 23D LOCATION (City, town, or county) (Stote)					
Burial 8-12-66 Bulto Na	toursel Balto Maryland					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS					
AUG 9 1966 P. Out E. Fally M.	Mortane Duct f. H 1701 Laurens					



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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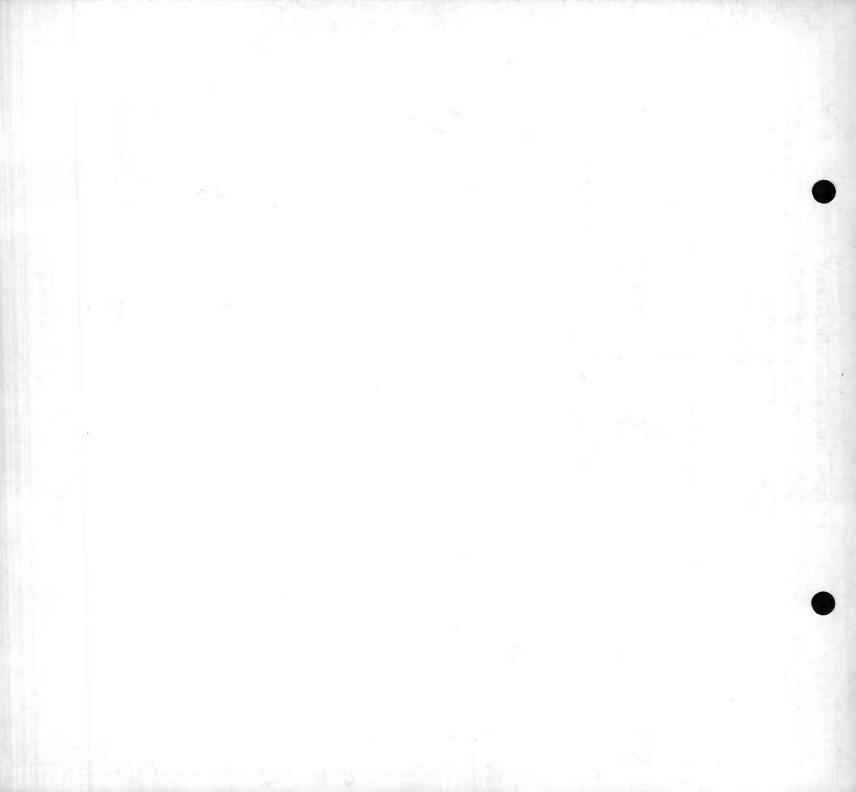
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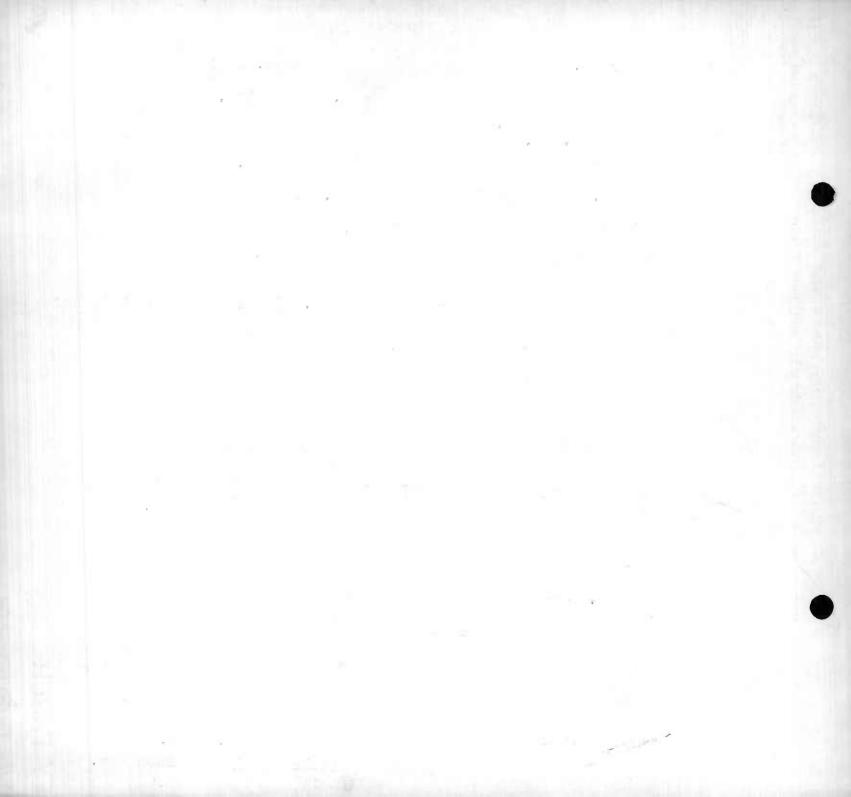
Legit View PLanting

VI. E., BOZ....

	0.0		BALTIMORE CIT	T HEALTH DI	EPAKIMENI		0	0 000001
BIRTH NO.	66 080	74	CERTIFICA	ATE OF	DEATH	Registered	No	6 08074
M.E. CASE NO.	CEASED				2. DATE A	ND HOUR OF DE	ATH	
Type or Print)	0 1 +	1 1.			15			1 00 0 F D
PLACE OF DE	ATH IN BALTIMORE, MARY	JONNS	CN	TA HEHAL	HUG	, 3 rd,	1966	2.25 P.
Sin	. 11	-{	Raltina-		B. COU	XTY	It institution:	residence before admis
FULL NAME	- IOOP.		Baltimon	Md.	1/-	Baltimor	0	
HOSPITAL OR	address or location)	institution, give	SHEEL	C. CITY OR		tside city limits, w		and nive township
NOITUTITZNI				120	eltimo			
				D. STREET		rurol, give location	1	
40				110	TODRESS (II		1	
1				42		airvien	HV	2
SEX	6. RACE 7	. MARRIED, NE		B. DATE OF	BIRTH	9. AGE (In years	If Un	der 1 Yr. If Under 24 s Days Hours Mi
1-	N		IVORCED (specify)	5/16	- 08	lost birthday	JAIGHINI	S Duy's Hoors 1411
A USUAL OCC	UPATION (Give kind of work )			V 11 RIPTHPL	A CE IState or fore	60	112 6	ITIZEN OF
	working life, even if retired)	- 1:	SINCESS OR INDUSTR	, it. oikitti.	ACE (31016 01 1016	aga country		HAT COUNTRY?
		Ponest.	C					USA
FATHER'S NA	ME	7		14. MOTHE	S MAIDEN NA	MF		
- 1	1)			Oi	.)	1 11		
Dimue	Haginshotte	in		Eliza	thica	ins bo Har	1	
Was Deceased	Everyhou. S. Armed Force	1 16	SOCIAL	17. INFORM	ANT JO	11.314114		ADDRESS
es, no or unknow	n) (II yes, give wor or dotes	of service)	SECURITY NO.	20				
				Miss El	aine Hari	leu	4220	tarrolew ac
1B. ) /	AVI		CAUSE	OF DEATH		1		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIRE	CTLV						ONSET AND DEATH
Dista	LEADING TO DEATH	CILI	0.	6.61	Caraha	· Vacaular		11 - 1
(This does	nat mean the made of o	lving e.g.	(A) / C	DOONE	2	o Vascular		7 // //
heart failure,	asthenia, etc. Il means I	he disease,	201 10	Acciden	άŦ.			
injury or cor	mplication which coused d	leath.)		1.	1 1 7	4		111
	ANTECEDENT CAUSES			eraliz	ed Art	erioseler	0515	UNKNOWA
DISEASES	OR CONDITIONS, if an	eu aluina	DUE TO					
	e abave cause (A)		(C) D)	abete	< Ma	ellitus		Unknown
	G CONDITION last.		V			**************************************		
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBILITING						
TO THE E	DEATH BUT NOT RELAT	ED TO THE						
	CONDITION CAUSING IT.							
19A. DATE OF	F OPERATION 198. COND.	ITION FOR WHI	CH OPERATION	20 A. AUT	OPSY? (Yes or N	o) 20B. IF YES, W	CAUSES OF	GS CONSIDERED F DEATH?
	1173					GERIII III.	CAUSES O	
21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218, PL/	CE OF INJURY (e.g.,	in or about 21 (	. WHERE DID	(If in Bolt	imore City,	give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner)	home, l	orm, foctory, street,	office bldg., IN	URY OCCUR?			
)	y medical examinen	Cicar						
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, IN	JURY OCCURRED	211	HOW DID IN	JURY OCCUR?		
(APPROX.)		While /						
(ATTION)		Work	At Work	, $\Box$				
22. 1 certify	that (1) (this haspital)	attended the	leceased from	12.45 P.K	8/3	19 66 to =	2.25	P.M 8/3 19 64
	) last sow the deceased		00011 8	/3 10	16			
1801 (1) (We	) lust sow the deceased	offive an	1S/	19(	2.62ond fl	not in (my) (our)	opinion de	oth occurred on the
and hour an	d from the couses state	d obove. (1) (Y	(e) (did) (did not)	view the bod	ly ofter death.			
23A. SIGNATI	URE // A A	/	/				238, D	ATE SIGNED
		bic	M.D. AI	tending	Med.	Stoff 5		3/2/10
	W. depun	and		ys.	Director	Phys.	2	313/66
23C. PHYSICIA			,	23D. ADDRES	S	11	,	11
NAME (	11/://	dian!	net: M.D	<	Sinci	the suite	1/ nt	Balting
	W1111am	ciepii	13 / 1		oinai	1103 1010	11 0/	0.070707
REMOVAL		24C. NAM	of CEMETERY of C	REMATORY	24D. I	OCATION	(City, town	or county) (Stat
D. I	0 0 11		1.00	Dr	()	1		Marshad
DUTIC	8-9-66	Mrby	148 116W.	Lar Y.	UY	bu tus		I rand lang
SA. DATE REC'E			EGISTRAR	25C. FUN	IERAL DIRECTO	R		ADDRESS
,	aug 9 1966 (	Der Fr. E	. Facher MA	Khot	Harillo 3 cm	EH	170	1 Laurens S
S 150-REV. 1/1/		-		- II	1		110	- Mary 1 -10 2 C
3 13U=KEV. 1/1/	0.0			-	(			



VS 150-REV. 1/1/65



BIRTH NO.	EDICAL EXA	AMINER 3 C	ERTIFICATE OF DEA	Registered No.
M.E. CASE NO.  1. NAME OF DECEASED			2 DATE AND HOLL	R PRONOUNCED DEAD
(Type or Print)	364 777	3.COMMY PAY		PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAN	MARY  D. WHERE PRONOUN	MOTTLEY	8-3-66	3:45 A. M. ed lived. If institution: residence before admission)
STEROE IN PREIMORA MARIEN	D, WHERE I ROMO ON	CLD DEND	A STATE Maryland	B. COUNTY
FULL NAME OF (IF NOT IN HE ADDRESS OR	OSPITAL OR INSTITUTI	ION, GIVE STREET		ote limits, write RURAL and give township)
INSTITUTION	20071110117		Baltimore	1200
2636 GUILFOR	D AVENUE		D. STREET ADDRESS (If rural, give los	cotion)
00			2636 Guilford Avenu	
5. SEX   6. RACE	7. MARRIED, N	IEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years   If Under 1 Yr. If Under 24 Hrs.
Female Colored	WIDOWED, DI	VORCED(specify)	nov-18-1910 ost	55 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind	of work 10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country	
done during most of working lifes even it ?	(fred)		2/1401110	WHAT COUNTRY?
13. FATHER'S NAME	10		14. MOTHER'S MAYDEN NAME	2
DE IN	Fores	(1)	Adden PV	autou
15. WAS DECEASED EVER IN U.S. A	RMED FORCES?	6, SO CIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor	or dotes of service)	SECURITY NO.	Ma maxil	1636 Coulford are
			17 enry 1110150	7 0000 900
18.		CAUS	E OF DEATH	INTÉRVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	N DIRECTLY			
(This does not mean the mo	de of dvina e.a.	(A)	Carcinoma of cervix	
heart failure, asthenia, etc. It injury or complication which co	meons the discose, used deoth.)			
ANTECENDENT C	Allcec			
DISEASES OR CONDITIONS		(B)		
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I	(A) STATING THE			
		(C)	•••••	
III	A STEEL STEEL			
OTHER SIGNIFICANT CONDIT				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA				
19A. DATE OF OPERATION 19B.	S PERFORMED	HICH OPERATION		YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS	21 R. PL	ACE OF INJURY (e.g.	in or obout 21C. WHERE DID (If in Bol	Itimore City, give exact location)
✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,	form, foctory, street,	office bidg. INJURY OCCUR?	milities city, give exect tocollons
2	3			
OF INJURY		E. INJURY OCCURRED	21F. HOW DID INJURY OCC	EUR?
(APPROX.)	m. WF	ORK NOT	WHILE VORK	
22. I certify that I held o	n Inquiry	Inspection X Au	topsy ond that on this basis	s, deoth in my opinion
resulted from: Notuc		cldent Suicid		mined monner
	1	7)	CHIEF MEDICAL EXAMINE	
ACTUAL (1)	STI FI	X	ASSISTANT MEDICAL EXAMINE	DATE SIGNED
SIGNATURE VI	Juguar	M. C	ASSOCIATE MEDICAL EXAMINE	
EXAMINER'S NAME (Type) RU	DIGER BREIT	ENECKER, M.I		0-3-00
23A. BURIAL CREMATION, 238, DA	TE 23C.	NAME of CEMETERY	OF CREMATORY 23D. LOCATIO	N (City, town, or county) (State)
REMOVAL (Specify)	1-126 1	W/ (m)	DEANU (For P)	P W ma
24A, DATE REC'D BY HEALTH DEPT.	24B, NAME O	F REGISTRAR	24C/FUNERAL DIRECTOR	ADDRESS
			1/1	
		7.0	Kayner dan	dere 217 E Treston 3
VS 151-REV. 18145 9 1966	Obles E	" Markening	00079	

Mariad Direction of State Charter States of St

8-3-66

26

	ANDREW M. ELLIOTT	2.	DATE AND HOUR PRONOUN	0.00
3. PLACE IN BALTIMORE, MARYLA	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	8-1-66 DE (Where deceased lived. If in B. C.	1 8:30 A.  nstitution: residence before odmis OUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS O	HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	Maryland c. city or town		vite RURAL and give township)
417 E. 23rd	Street		(If rurol, give locotion)	204
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH		rs   If Under 1 Yr. If Under 24
Male Colored	WIDOWED, DIVORCED (specify)	Mar 11-	1920 9. AGE (In year lost birthdoy) 46	Months Doys Hours M
done during act of working life, even if	nd of work 108, KIND OF BUSINESS OR INDUS f retired)	Balter	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER NAME	Estitt.	14 MOTHER'S MAID	BUN Ke	
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give wa		17. INFORMANT	Ellett H	ADDRESS Rd S
18.	CAL	SE OF DEATH	survey 1	INTERVAL BETWE
DISEASE OR CONDIT			dava	
(This does not mean the r	mode of dving e.g., (A)	Status epilep	licus	
heart failure, asthenia, etc. injury or complication which	coused death.)			
ANTECENDENT DISEASES OR CONDITION	(8)			
RISE TO THE ABOVE CAUS UNDERLYING CONDITION	E (A) STATING THE			
OTHER SIGNIFICANT CONE	(C)	174 a 40 50 57 a 40 a 40 5		***************************************
DISEASE OF CONDITION OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DISEASE OR CONDITION C	98. CONDITION FOR WHICH OPERATION		es or No. 208, IF YES, WERE	
DISEASE OR CONDITION OF 19A, DATE OF OPERATION 19	98, CONDITION FOR WHICH OPERATION VAS PERFORMED    218, PLACE OF INJURY (e,	No	RE DID (If in Boltimore City.	AUSES OF DEATH?
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DISEASE OR CONDITION OF THE DESCRIPTION OF THE DESC	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)  21E. INJURY OCCURRE  WHILE AT NC WORK AT  Inspection  Variable Accident  No.	No g, in or obout 21C. WHE t, office bldg, INJURY O  TWHILE Autopsy and the CHIEF MED	IN CERTIFYING CARE DID (If in Boltimore City, CCUR?  DID INJURY OCCUR?  at an this basis, death in Undetermined mar	give exact location)
DISEASE OR CONDITION OF THE DESTRUCTION OF THE DEST	218. PLACE OF INJURY (e, home, form, foctory, street etc.)  (Yeor) (Hour) 21E. INJURY OCCURRE WHILE AT NO AT Ural, causes X Accident Suice	No  g., in or obout 21C. WHE h, office bldg., INJURY of  21F. HOW  21F. HOW  Autapsy and the  CHIEF MED  ASSISTANT MED  ASSOCIATE MED	IN CERTIFYING CARE DID (If in Boltimore City, CCUR?  DID INJURY OCCUR?  at an this basis, death in	give exact location)
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Burial 8-5-16 Ball National Em Balt

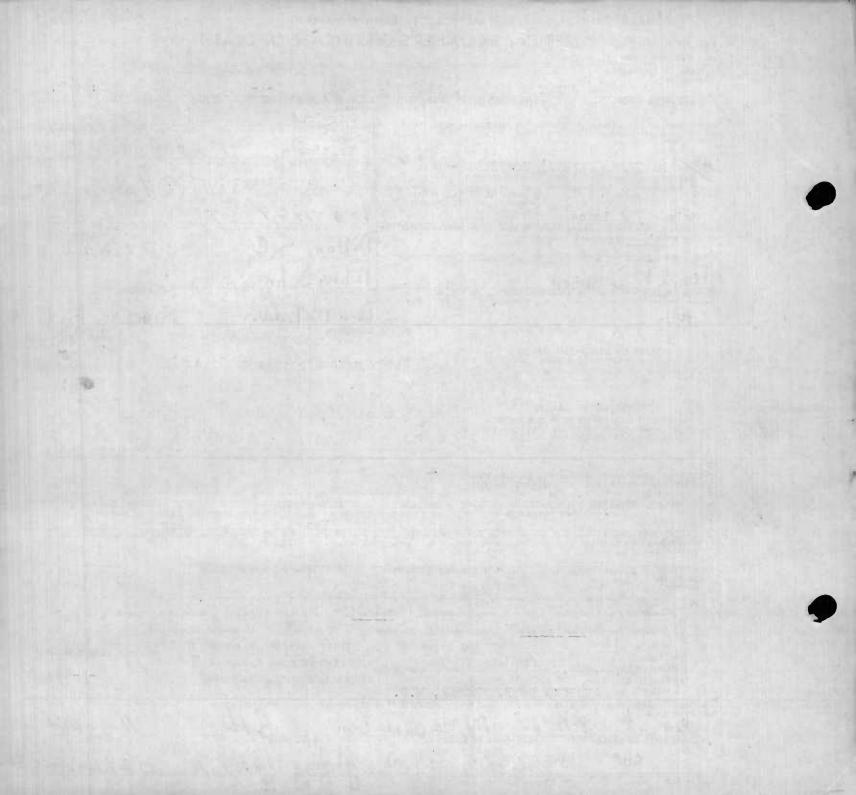
Ruguer Sandow 2178 Part

BIRTH NO. MEDICAL EXAMINERS CE	EKIIFICALE OF DEATH Registered No.
M.E. CASE NO.	1
Type or Print William Kearley	Super T 7/66 645 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Mary Land B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Provident Hospital	D. STREET ADDRESS (II rurol, give locotion) 1405 ETTING STREET
5. SEX ACE OC  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost bishday  Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY dane during most of voctors life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OF There Raples	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	Rose beasley 202 & 22 SX.
1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tens colorate and
(This does not mean the mode of dying, e.g.,	TENOSECEPTURE WALL
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rasada disease
ANTECENDENT CAUSES	Mailar Misease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O TO THE DEATH BUT NOT BELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)	21F. HOW DID INJURY OCCUR?
22.   certify that I held an Inquiry   Inspection   Aut	apsy X and that an this basis, death in my opinian
resulted from: Natural causes 🔀 Accident 🗌 Suicide	
ACTUAL SIGNATURE WEIGHT, To CM.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner U. Spitz M. D.	ASSOCIATE MEDICAL EXAMINER   Huy 1/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specily) 8-10-66 MX AUCTION CONTRACTOR OF REGISTRAR	CREMATORY 23D. LOCATION (City, tolon, or county) (Stole)  WINE Ballo 1 Md  24C. FUNERAL DIRECTOR ADDRESS
AUG 9 1966 Robert E. Farleyna	Rayner Sanders 217 & Treston
VS 151-REV. 1/1/65	0 8 11 11

11345 Married Ber 29-1900 S.C. BETTure Keacley: Elegge & Khanley Kers Headly 202 8 22 M General 8-10-16 Mr aubern Em Bellon Mil Rayner Sanders 2798 Tracker

DALIMORE	CITTIEACTI	DEITHEIT

Male Colored  TOA USUAL OCCUPATION (Give kind of weath 08. KIND OF BUSINESS OR INDUSTRY). Birthflace (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  FOR CONDITION DIRECTLY  LEADING TO DEATH  This does not moon the mode of dying e.g., hend follow, shering ide. It theose the disease, injury or complication which coused deeth.)  ANTERNAL CAUSE VIA. STAINING THE  UNDERLYING CONDITION LAST.  COLUMBRY TOURS TO THE DEATH SUT NOT THE DISEASE OR CONDITION IN STAINING THE  UNDERLYING CONDITION S. CONTRIBUTING  TO THE DEATH SUT NOT CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION IN S. CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION COURSE  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION COURSE  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION COURSE  TO THE DEATH SUT NOT RELATED TO THE  DISEASE OR CONDITION COURSE  TO THE SOURCE STAIN TO THE TOWN TO THE TOW	BIRTH NO. MED	DICAL EXAMINER'S CE	ERTIFICATE OF [	DEATH Registered No	0
ROBERT  J. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DRAD  J. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DRAD  J. WALK ESTORICE Where deceased lived, it institution: residence belone down  A STATE  MARYLAND GENERAL HOSPITAL - DOA  S. STAY  MARYLAND GENERAL HOSPITAL - DOA  S. SANT GENERAL HOSPITAL - DOA  S. SANT GENERAL HOSPITAL - DOA  S. SANT GENERAL HOSPITAL HOSPITA			Shirt St. St.		
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MARYLAND GENERAL HOSPITAL - DOA  D. STEET ADDRESS (If work, give location)  St. Mary Street  Male  Colored  10. Listan Courtering for sind of work to the first testing of the fi	HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland	e corporote limits, write RURA	L ond give township)
S. SEK   6. RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BETH   9. AGE (in years of control by	MARYLAND GENERA	L HOSPITAL - DOA	D. STREET ADDRESS (If rurol,	2 1 11	01
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ADDRESS   NAME			7-8-1928	37	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown). If yes, give war or doles of service)  IS. OCAL (Yes, no or unknown). If yes, give war or doles of service)  IS. OCAL (Yes, no or unknown). If yes, give war or doles of service)  IS. OCAL (Yes, no or unknown). If yes, give war or doles of service)  IS. OCAL (Yes, no or unknown). If yes, give war or doles of service)  IS. OCAL (This does not moon the mode of dying e.g., heart follow, eshenic, litely, eshenic, etc. I il means the disease, injury or complication which coused death.)  IS. OCAL (A). Fatty metamorphosis of liver  INTERVAL BETWOONSET AND DE  IDE TO  INTERVAL BETWOON  INTERVAL B	done during most of working life, even if retired		Dillon, S.C	W	
1.5. MAS DECRASED EVER IN U.S. AMMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)   1.5. SCURITY NO.	Fennal School		Mary Johns	0.00	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foliure, estinate, etc. It means the disease, injury or complication which coused death.)  DUE TO  ATTECH DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LAST,  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH.  19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS 10A. EXTERNAL CAUSE WAS PERFORMED 10B. EVEN	15. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	ADDI	RESS
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198. CONDITION 198. CONDITION FOR WHICH OPERATION  199. CONDITION FOR WHICH OPERATION  198. CONDITION CAUSES OF DEATH?  Yes  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10 A CONTRIB- 11 A CONTRIB- 12 A CONDITION CONTRIB- 13 A CONDITION FOR WHICH OPERATION  21 A CONTRIB- 21 D TIME 32 D TIME 33 D TIME 34 D TIME 35 D TIME 36 D TIME 36 D TIME 37 D TIME 38 D	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST  OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT R	ANY, GIVING DUE TO STATING THE  (C)			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR?  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held on Inquiry Inspection Autopsy X accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE EXAMINER'S  ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  DATE SIGNE  8-5-66	DISEASE OR CONDITION CAUSIN		20A AUTOPSY? (Yes or No.)	20R IF YES WERE SINDING	S CONSIDERED
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OF CONTRIBLE  215. HOW DID INJURY OCCUR?  CONTRIBLE OF CONTRIBLE  216. HOW DID INJURY OCCUR?  CONTRIBLE OF CON				IN CERTIFYING CAUSES OF	
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I certify that I held on Inquiry Inspection Autopsy I and that on this basis, death in my opinion resulted from: Notural causes I Accident I Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNATURE  SIGNATURE ASSOCIATE MEDICAL EXAMINER I 8-5-66	21D TIME (Month) (Doy) (Ye	WHILE AT NOT V	WHILE	RY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S  ACTUAL  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  8-5-66		Inquiry Inspection Aut	opsy X ond that on thi	s basis, deoth In my opli	nian
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 8-5-66	resulted from: Notural c	auses X Accident Syicide	Homicide U	Indetermined monner	
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8-5-66		resturning	*************	Comm	DATE SIGNED
TODIONIC DICHARDICANO ALLO	EXAMINER'S				8-5-66
Burjal 8-11-66 M. auburn Ceme. Balto. Maryland	23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specily) 8-11-		Ceme Ba	CATION (City, town,	Mary land
AUG 9 1966 Poleub E. Falleyma Morton C Dyctl F. H. 170/ Lau Ron			M 1 .	HFH 1	TO I LAY PONS



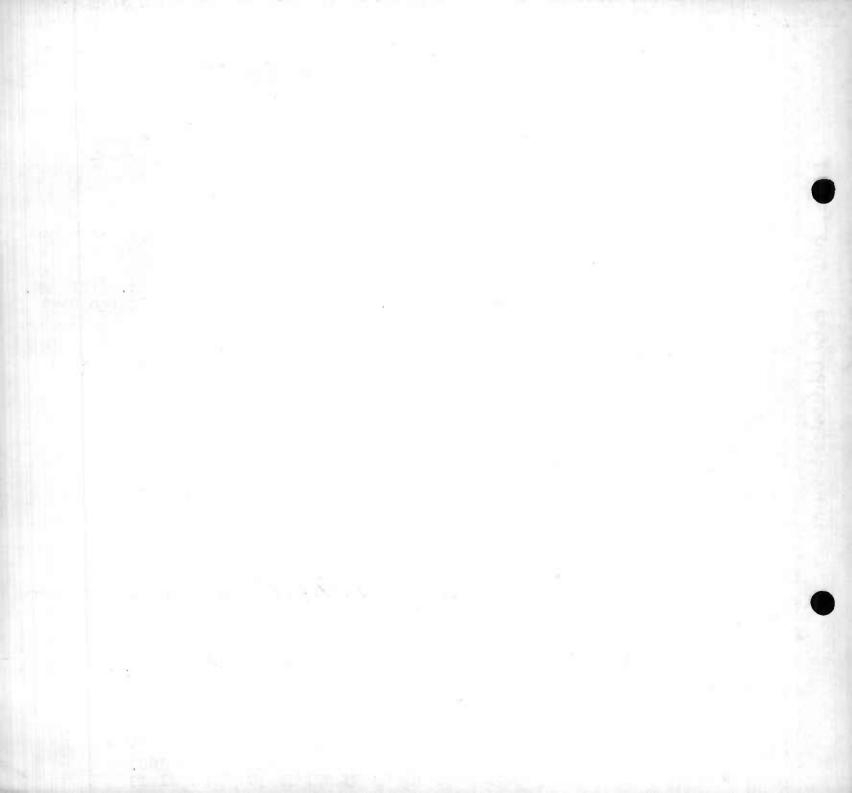
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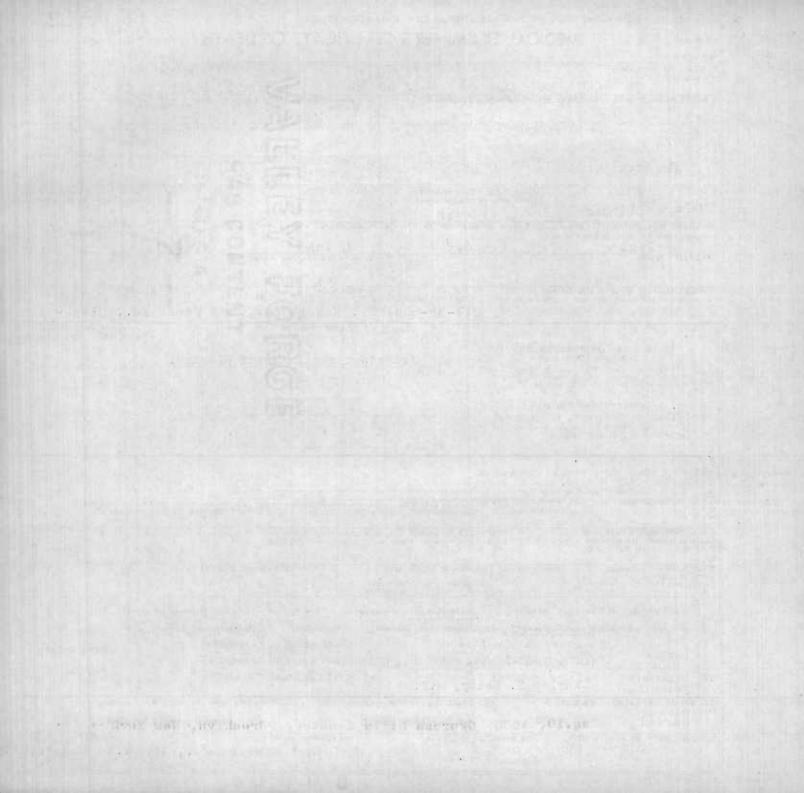
FUNERAL

Barlow motorn E-8-66 Moralport P3 SA 3 ---19 86-7-8 Mary land Retired Halmon Charlton Motilda hobmillers Bon Secoures Hospital

	66 08081		TY HEALTH DEPARTMENT	66 08081
BIRTH NO. M.E. CASE NO.	00 00001	CERTIFICA	ATE OF DEATH Registered No	00 0000
Type or Print)		RENCE GERTRUDE WR	IGHT ) 2. DATE AND HOUR OF DEATH	021
1	LORENCE	VRIGH!	0.6.66	2.21 6
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived. If ins A. STATE B. CDUNTY	titution; residence before admission
FULL NAME	OF (If not in hospital R oddress or locatio	or institution, give street	MARYLAND	40-0
INSTITUTION			C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
SIN	AI HOSI	PITAL	BALTIMORE 21207 D. STREET ADDRESS (If rurol, give locotion)	
12			5206 SwynN Oot	of fore
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
F	W	SINGLE (specify)	10.9.99   lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of world working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLE		RETIRED	NEW JERSEY	11. S. A
FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	V. O. A.
JA	AMES H. WRIC	HT	FREIDA WEILER	
. Was Decease	ed Ever in U. S. Armed For		17. INFORMANT	ADDRESS
	wn) (If yes, give wor or dote			lto. ^21214 MD
NO		219 16 7641 A	1	
17	ASE OR CONDITION DI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	LEADING TO DEATH	KECILY	Carcinom atosis	
	not mean the made of			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	e, osthenio, elc. Il meons omplication which coused			
	ANTECEDENT CAUSES	(R)		
DISEASES	OR CONDITIONS, if	DUE TO		
rise to t	the obove couse (A)			
UNDERLYIN	NG CONDITION lost.			
OTHER SIG	II  NIFICANT CONDITIONS CO  DEATH BUT NOT RELA	CONTRIBUTING		
DISEASE D	R CONDITION CAUSING	IT	100 A	
19A. DATE (	OF OPERATION 198. CON	FORMED .	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	
21 A. ACCID	ENT WAS UNDERLYING	No of allo		City, give exact location)
OR CONTRI	BUTING CAUSE OF	home, torm, foctory, street,	office bldg., INJURY OCCUR?	ony, give exect tocollons
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OI IIIIOKI		While At Not W		
(APPROX.)		Work At Wo	1 1 Dan 17	
22. 1 certif	fy that (I) (this haspita	I) attended the deceased from	1 0 1 19 66 to She	Just 0 19 60
that (I) (we	e) last sow the decease	ed alive on the first	19 66 and that in (my) (our) opin	Ion death occurred on the d
ond hour o	nd from the causes sto	ted above. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNAT	A (1)			23 B. DATE SIGNED
	8-15 to	dod M.D. A	ttending Med. Stoff Phys.	8 6.66
23 C. PHYSIC	IAN'S		23D. ADDRESS	0.0.00
NAME	7 ~~ ~ 11	FOR RE M.E	Since the	0:01
IA. BURIAL CI	REMATION, 248. DATE	24C, NAME OF CEMETERY OF C	0111 14 1100	y, town, or county) (State)
REMOVAL	(Specify)		190	
Burie		6 Loudon Park	Cemetery Baltimore Ma	ryland
D. DATE REC	AUG 9 1966	P. D. F. E. Farbertia	HENRY SANDER & SONS I	
. 100 8011 211	110 0	Ulaberta C. Maria	BALTIMORE MARYLAND 21	27-2
S 150-REV. 1/1	1/65	7	A THE TRUE TO THE LAND AND ALL	- ムエン

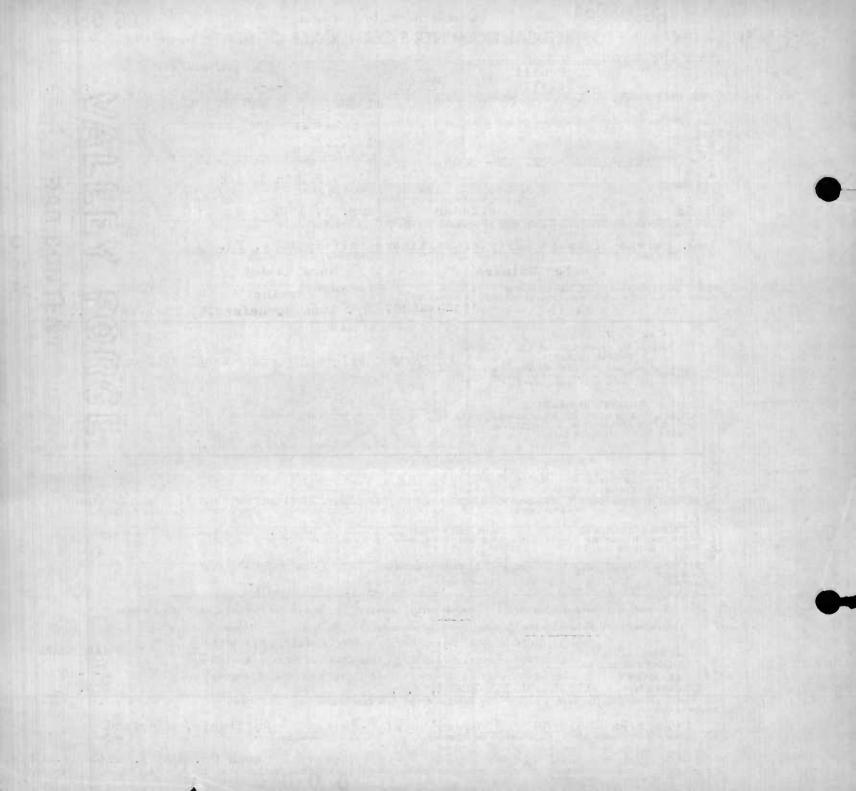


1.	520	BIRTH NO.	08082 MED		BALTIMORE CITY HEA			FATH Registe		28088	
1	× 2-0	M.E. CASE NO.	MILL	TOAL L	VANILIA C	ERTH ICA		LATITION			
T.	5 7 0	1. NAME OF DE	CEASED		(LEC	NG)	2. DATE AND	HOUR PRONOUNC	ED DEAD		
			CHU	GIN	LIEN	G	August	t 3, 1966		2:35 P M.	
		3. PLACE IN BAL	IIMORE, MARILAND, V	WHERE PRONO	UNCED DEAD			leceosed lived. If inst	JNTY	e berore odmission)	
		FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOV	ryland WN H outside	corporate limits, write	RURAL ond	ive township)	
		316 E	Park Avenue			D. STREET ADDI			1		
		5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years	If Under 1	r. If Under 24 Hrs.	
		Male	Chinese	WIDO WED,	idower	???????	9999	lost birthdoyl	Months, Doy	Hours Min.	
			UPATION (Give kind of wo	ork TOB. KIND O					12. CITIZEN		
		done during most of Reti	working life, even if retired) red	-	undry	China			WHAIC	OUNTRY?	
		13. FATHER'S NAM				14. MOTHER'S M					
			Chu			Not	known				
			ED EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT	Friend		ADDRESS		
		NO			217-38-0081	Mr. Robe	rt Lew,	304 Park	Ave., (	City - 1	
		1B.	10,0		CAUS	E OF DEATH				ERVAL BETWEEN	
		DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic Heart Disease.								
		(This does	not mean the mode of	of dying e.g.,	(A) Arte	rioscierot	ic Hear	t Disease.			
		injury or co	heort failure, asthenia, etc. It means the disease. injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
		UNDERLYI									
		NOIL									
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT									
		Proc.	F OPERATION 198. CO		WHICH OPERATION			OB. IF YES, WERE FI			
		ZIA. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	, in or about 21C. V	VHERE DID (I	f in Boltimore City, gi	ve exoct locoti	on)	
		UNDERLYING UTING CAL	USE OF DEATH.	home etc.)	e, form, foctory, street,	office bldg. INJURY	OCCUR?				
		21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye			WHILE	OM DID INJU	RY OCCUR?			
		m. WORK AT WORK									
		I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion									
		resu	Ited from: Notural co	ouses X	Accident Suici	de Hamici		ndetermined mann	er		
		ACTUA	L D/	1 1	/_		EDICAL EXA		0	ATE SIGNED	
		SIGNAT	TURE LAG	acted 1	cely Mol	ASSISTANT M			8/	4/66	
		NAME (		es S. Pe	etty, M.D.	ASSOCIATE M	EDICAL EX	AMINEK	TUNE!		
		23A. BURIAL CRE	EMATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or count	(State)	
		REMOVAL (Specification Buria		, 1966	Cypress Hi	11s Cemete	erv Br	noklyny Ne	w York	. , Md .	
			BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADD	RESS	
			AUG 9 1966	Robert	E, Janky M.A	Stewa	rt & Mo	wen Co.,	108 W.N	orth Av., C	
		VS 151-REV. 1/1	/65	1 6,	4 1 1	0.0	1 13				

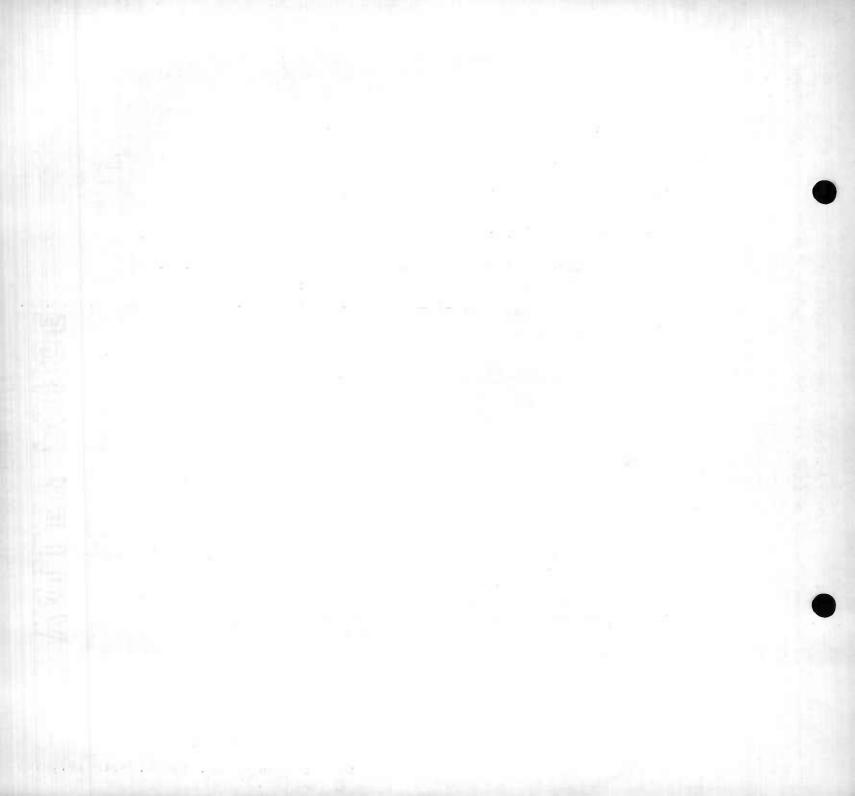


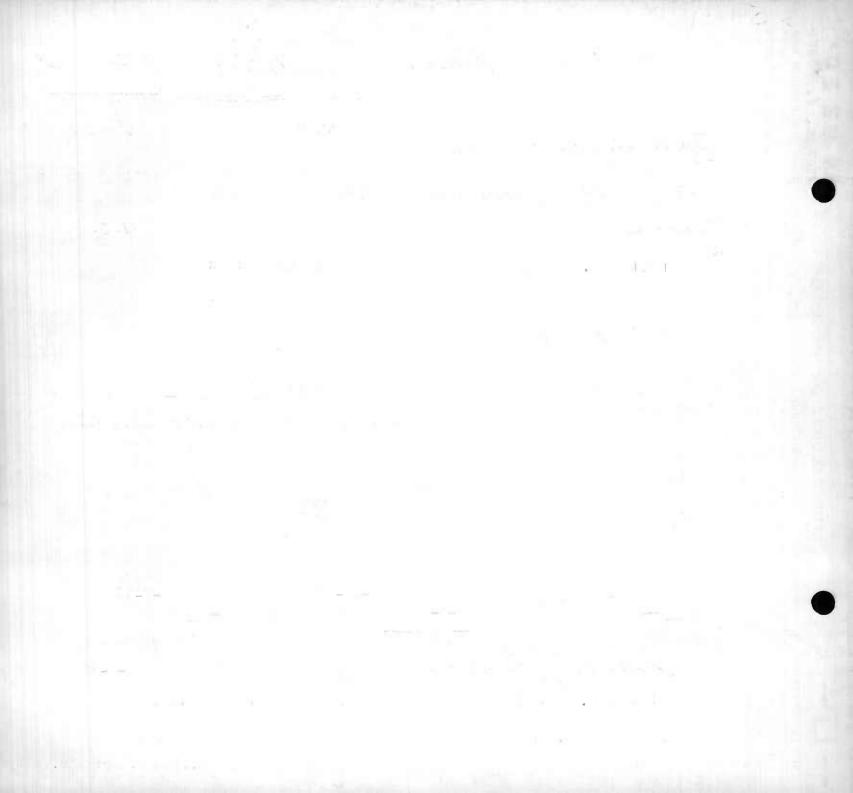
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1	BALTIMORE CITY HEALTH DEPARTMENT 66 08084								
G. 560	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
	M.E. CASE NO.  1. NAME OF DECEASED  DODG 1  1. DATE AND HOUR PRONOUNCED DEAD								
	(Type or Print) Delizit								
	GAYNOR  8-5-66  12:05 A. M.  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  B. COUNTY								
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  Maryland  C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)								
	CHURCH HOME & HOSPITAL - DOA  Baltimore  D. STREET ADDRESS (If rural, give lacotion)								
	1220 Bolton Street   5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.								
	WIDOWED, DIVORCED (specify)  Months, Doys, Hours, Min.								
	INCLUE WILLE WILLOWER Aug. 1, 1900 61  OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
	Sup. Burkau Highways City of Baltimore Phillippi, W. Va.								
	Wheeler Gainer Nora Kelley								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SCURITY NO. SECURITY NO.								
	res   WW 11   213005-5057 Mr. Ivan H. Gainer, 61 Pleasant Av.,								
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not ment the mode of dying, e.g., head failure at the not set. It means the deese the d								
	(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar camplication which caused death.)								
	ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
H	(C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, factory, street, affice bidg., INJURY OCCUR?								
	21D TIME (Month) (Day) (Year) (Haut) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE								
	m. WORK L AT WORK L								
	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death In my opinion rosulted fram: Natural causes X Accident Suicide Homicide Undetermined monner								
	CHIEF MEDICAL EXAMINER   DATE SIGNED								
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER A								
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8-5-66 NAME (Type) RUDIGER BREITENECKER, M.D.								
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)								
	Cremation 8/8/66 Green Mount Cemetery Baltimore, Maryland								
	AUG 9 1966 Cheb E. Stewart & Mowen Co. 108 W. North Av., City								
	VS 151-REV, 1/1/65								

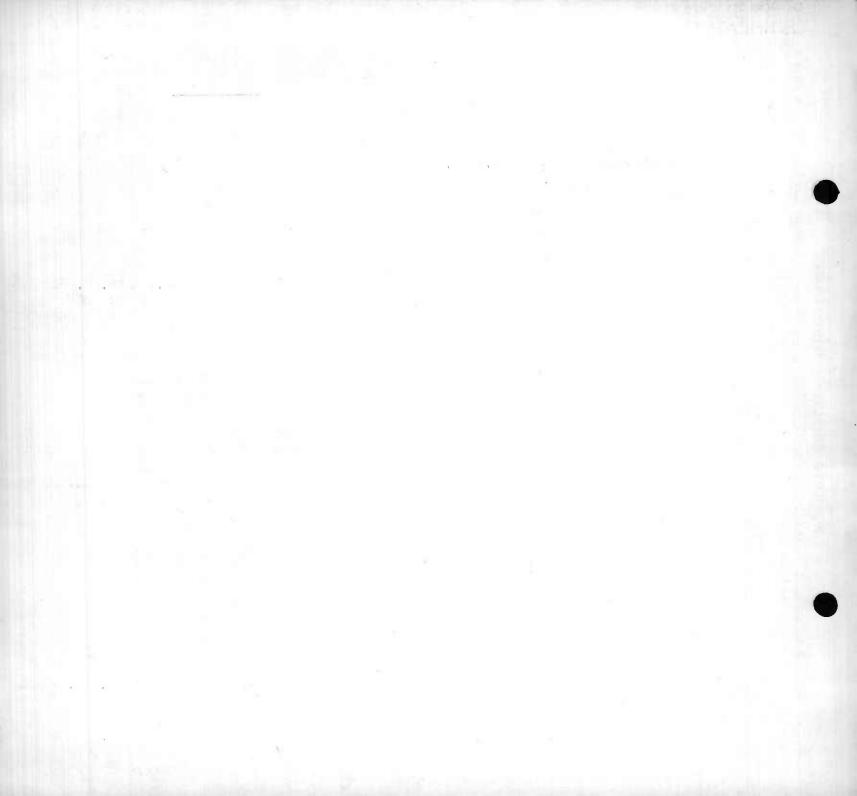


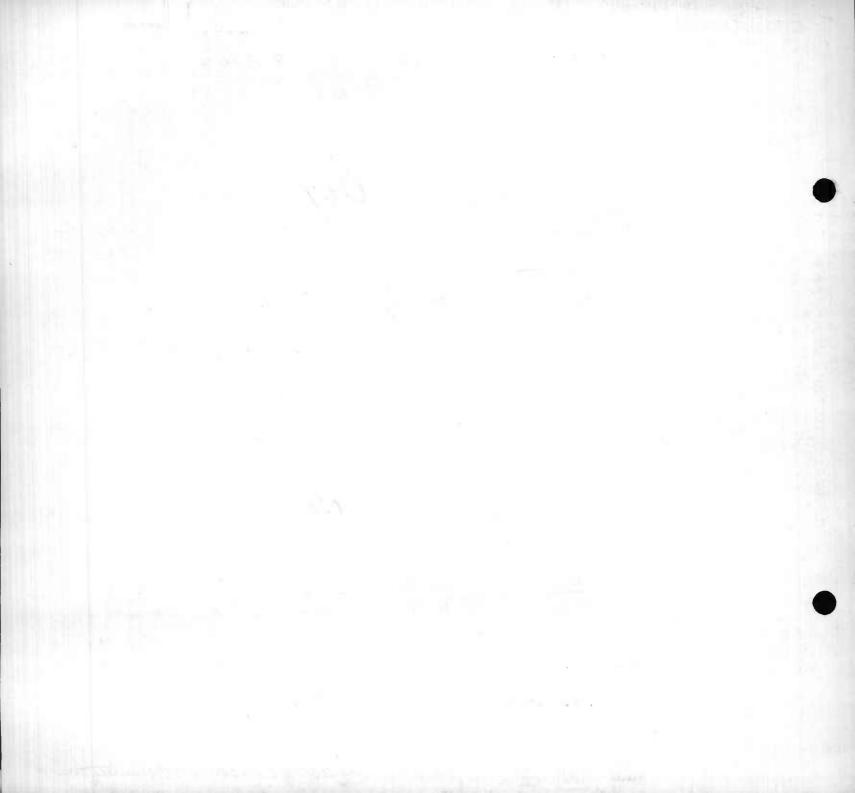
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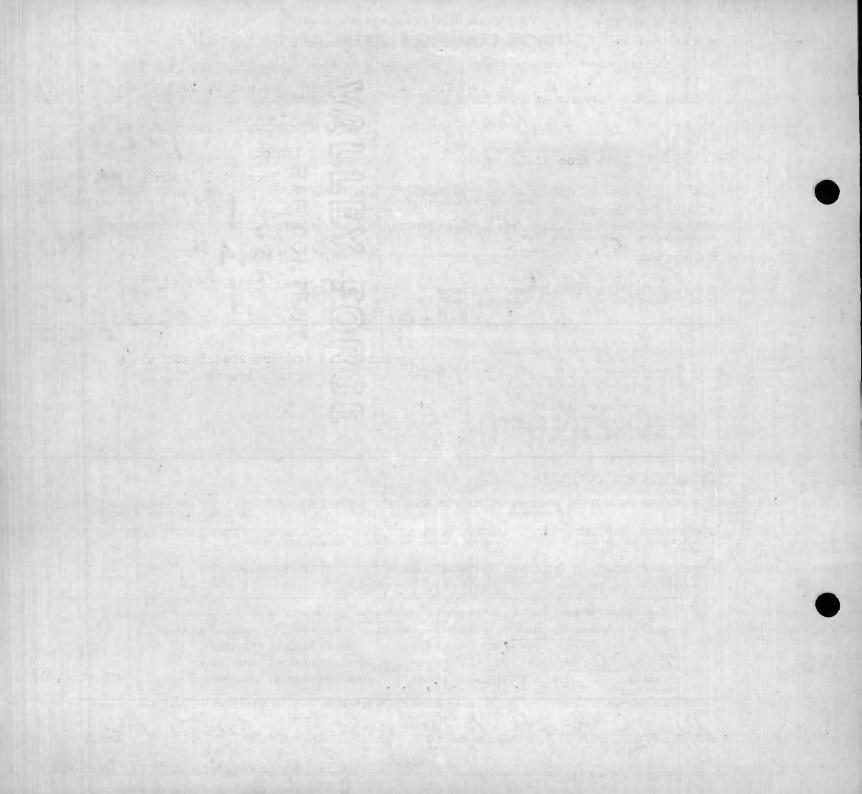
	00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000			
	тн но. 66 08087	CERTIFICA	TE OF DEATH	Registered Na	66 08087			
1,1	E CASE NO. NAME OF DECEASED  Pe or Print)  12 UTH  GRO	55	2. DATE AN	D HOUR OF DEATH	455A			
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		litution: residence before admission			
	FULL NAME OF (If not in hospital or institution, give oddress or location) INSTITUTION	street	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)			
	Balto City Hos.	0.	1 0	ural, give location)	1 21217			
_	4940 Eastern Avenue, Balto, NE WIDOWED, DE WIDOWED, DE	Md. 21224	8 09 (	WALBRO				
				ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU the during most of working life, even if retired)	SINESS OR INDUSTRY	Md.	gn country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	ΛE				
	THOMAS decease	đ	KEBEC	CA deces	ased			
5. Ye			IME		,Baltones 21224 ORD: BCH			
	18. 200.01	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RET	TCULUM SAF	$C \in LL$	10 mo.			
	(This does not mean the mode of dying, e.g.,							
	heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)		2141	ECOMA				
	ANTECEDENT CAUSES	(B)	nimmuinipuinimma, o palidona en res e resea e es es es e es e es es e es e					
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	***************************************					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		nkelik Y					
ERTIFIC /		CH OPERATION	YES OF NO	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING   21B. PL/ OR CONTRIBUTING   CAUSE OF DEATH (notily medical examiner) etc.)	OCE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)			
MEDIC		JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
>	(APPROX.) While Work	Not While	, 🗌					
	22. I certify that (W) (this haspital) attended the deceased from 8 - 4 19 66 to 7 - 7 19 6							
	that AT (we) last saw the deceased alive an	8-7	19 6 and the	at In (pry) (aur) apin	nian death accurred an the da			
	and have and from the causes stated above. (+) (1	Ve) (did) (did not) v	iew the bady after deoth.					
	23A. SIGNATURE Randall	M.D. Atte		Stoff Phy s.	8-7-66			
	23C. PHYSICIANS NAME LYPE  E. RANDA	LL M.D.	15ALT (M	tern Avenue	Balto. Md. 21224 174 / 105P.			
24	A. BURIAL CREMATION, 24B. DATE 24C.NAMI REMOVAL (Specily) 8-11-66 BROWN	of CEMETERY of CRE	MATORY 24D. LC	Alvert Co	y, town, ar county) (State)  HARVIANA			
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS			
	AUG 9 1966 R. O. B. E	Jansey M. A.	160698 Fot	150N /3	48 CAlhouns			
S	150-REV. 1/1/65	2	0 0/ 7 0					



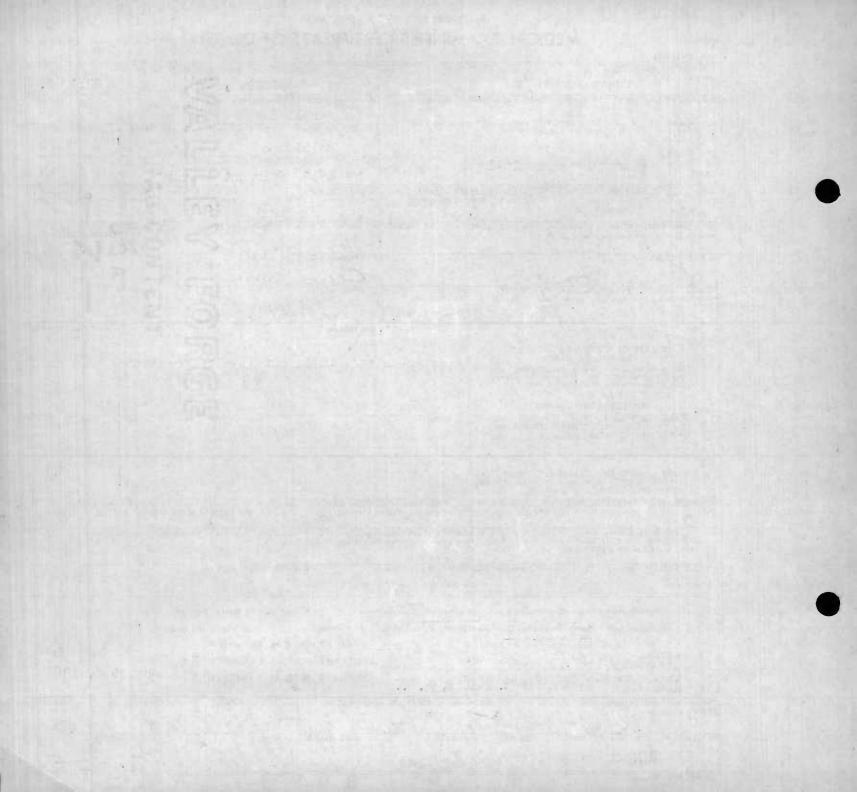


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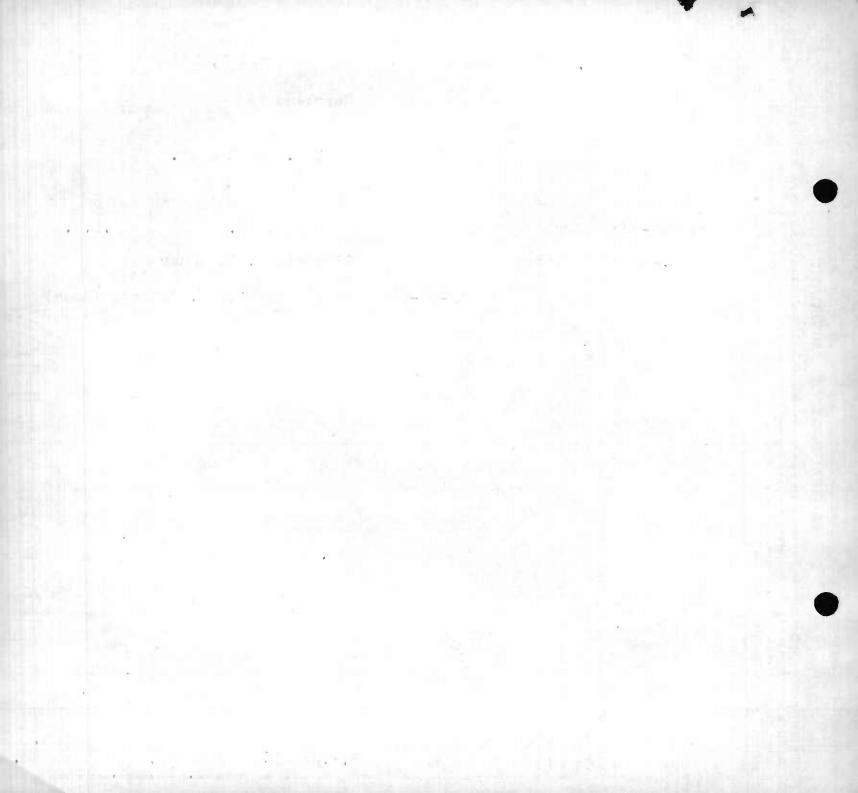
BIRTH NO.	MED	ICAL EXAMINER'S C	CERTIFICA	TE OF DEATH Regist	ered No.
M.E. CASE NO.				k Blackers	
Type or Print)	CEASED	1.0	,	2. DATE AND HOUR PRONOUN	CED DEAD
	DEMIY	FACETT FAC	LEI	August 7, 1966	6:00 P M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. II in B. CO	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCAL	AL OR INSTITUTION, GIVE STREET ATION)	Ma	aryland WN (II outside corporete limits, wri	
	2/06 P1-6	2-1-1 A		altimore	3-01
00	2406 Brookf	ield Avenue		RESS (II rurol, give location)	
	14			+06 Brookfield Ave	
s. sex Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	march	9. AGE (In yeors lost birthdoy) 59	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of worldworldworldworldworldworldworldworld	108-KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
ione during most of	stell Wor	lee	middle	restla. Ila	11-2/1
3. FATHER'S NA	ME D	- 1	14. MOTHER'S M	AIDEN NAME	
(10;	Tro Land	908-	(),77 %	of se sucres	0
	ED EVER IN U.S. ARMED		17. INPORMANT		ADDRESS
res, no or priknow	(If yes, give war or date	S of services	2	0 000	
18.	100	A12-12-02-1	SE OF DEATH	Tacke pa	INTERVAL BETWEEN
45	ASXI	CAUS	SE OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	rtencive	and arteriosclerot	ic
(This does	not mean the mode of	dying e.g.,		neart disease	
heart failure	e, osthenio, etc. It meons emplication which coused	the disease,		leart disease	
	OR CONDITIONS, IF A	(B)			
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE			
	NG CONDITION LAST.	(C)			
₫					
O THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
19A. DATE O	F OPERATION 198, CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208. IF YES, WERE F	INDINGS CONSIDERED
Ō	WAS PER	FORMED	Yes	IN CERTIFYING CAL	ISES OF DEATH?
O UNDERLYING	CAUSE WAS OR CONTRIB- JSE OF DEATH.	218, PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	office bldg., INJUR	VHERE DID (II in Boltimore City, OCCUR?	give exact location)
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
OF INJURY			WHILE		
		m. WORK AT	WORK		
22. I cer	tify that I held on I	nquiry Inspection A	utopsy X one	d that on this basis, death in	my opinion
resu	Ited from: Notural co	uses Y Accident Suici	de Homici	de Undetermined man	
	77.7	A A A A A A A A A A A A A A A A A A A		EDICAL EXAMINER	
ACTUA		J. Lint M.	D. ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMII NAME (	Type) Charle	s S. Springate, M.D.		EDICAL EXAMINER	August 8, 196
23A. BURIAL CRE		23C. NAME OF CEMETERY	er CREMATORY	23D. LOCATION (Cit	y, town, or county (Stole)
1suno	(X) J-6	100 manter	u coul	1 xullo	114
ZAA. DATE REC'D	AV HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
VC 161 CH1/ 1/2	// 5		CH	of wilson,	1000 / Hanley
VS 151-REV. 1/1.	/65	1 9 6 0 0 0	0 8 0	0 2	1



BIRTH NO.	٨	MEDICAL	EXAMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	red No	
M.E. CASE NO.								
1. NAME OF DE	CEASED	1.				D HOUR PRONOUNC		
	Filest of	P 1				t 6, 1966		:30 A. M.
3. PLACE IN BALT	TIMORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	A. STATE	rland	deceosed lived. If inst B. COL	itution: residence be INTY	efore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS OF	HOSPITAL OR IN:	STITUTION, GIVE STREET			e corporate limits, write	RURAL ond give	to waship)
					imore	6	-61	
35	Church Hor	ne Hospit	al	D. STREET ADD	400	nont Avenue	Fri RMOUL	-
5. SEX	6. RACE	7. MARR WIDO WI	IED, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRT	H	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months   Doys	Under 24 Hrs Hours Min.
Male	Colored		vidon	Dur!	-1900	66		
done during most of			OF BUSINESS OR INDUSTR	BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUR	NTRY?
	Kelli	al		Hosean	ell	Uce	14.8	/t
13. FATHER'S NAN	AE /			14. MOTHER'S M	AIDEN NAM	E		
Com	el or	nas		Clerc	~ low	20_		
15. WAS DECEASE				17. INFORMANT	7		ADDRESS	
1 es, no of unknown	in yes, give wor	170	210 40 213	80.	· HAN	10.10		
1B.	1	770	CVICE - 8/17	OF DEATH	cusy	CHES	LINTERV	AL BETWEEN
14-2	dol 1		CAUSE	OF DEATH	0			AND DEATH
DISEA	SE OR CONDITI	ON DIRECTLY						
(This daes	not mean the m	ode of dvina	(A) Arter	ioscleroti	c card	iovascular d	lisease	
heart failure	, osthenio, etc. I	meons the disec	ose,					
	ANTECENDENT		(B)					
RISE TO TH	OR CONDITION	A) STATING T	NG DUE TO					
	NG CONDITION	LAST.	(C)					
<u>Ó</u>			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***********				
OTHER SIG	NIFICANT COND	ITIONS CONTRIB	UTING					
TO THE	DEATH BUT N	OT RELATED T						
E DISEASE O	R CONDITION C.		OR WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDE	RED
S S S S S S S S S S S S S S S S S S S		AS PERFORMED	OK WHICH OFERATION	No.	: (162 0) 140/	IN CERTIFYING CAU		NL D
21A EXTERNA	L CAUSE WAS		21B. PLACE OF INJURY (e.g.,		VHERE DID	(If in Boltimore City of	ve exact location)	
OUNDERLYING	OR CONTRIB-		home, form, foctory, street,	office bldg., INJUR	OCCUR?	= o.iiiiioio e.iiy, gi	VO CACCI IOCOIIOIII	
E DING CAL	SE OF DEATH.		01047					
OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. H	OM DID WIT	JRY OCCUR?		
(APPROX.)			m. WHILE AT NOT AT W	WHILE				
22.								1-1-11-11
Cer	tify that I held	an Inquiry L	Inspection Au	topsy L and	that on th	is basis, death in n	ny apinion	
resu	Ited fram: Natu	ral causes X	Accident Suicid	le Hamici	de 📗 ।	Undetermined mann	er	
			2-1-	_ CHIEF M	EDICAL EX	AMINER _	DAT	E SIGNED
SIGNAT		2.2 1	5	ASSISTANT M	EDICAL EX	AMINER 3	DAI	ESIGNED
EXAMIN			7	ASSOCIATE M			August 6,	1966
NAME (		Werner U	. Spitz, M.D.					
23A. BURIAL CRE	MATION, 23B, D	ATE	23C. NAME of CEMETERY	OF CREMATORY	23D. L	OCATION (City,	, town, or county)	(Stote)
REMOVAL (Specif	".0 0	-11-16	m. LA.	1/2	1- 1	2 att	.0	pol
Buru	BY HEALTH DEP	10-60	MAS OF PECISION	- Cal	AL DIRECTOR	2000110	ADDRESS	No.
Z4A. DATE REC'D			WILL OF REGISTRAK	O /	WE DIKECTOR	10	ADDKE22	1 15 6
	UG 9 191	66 PP	G. E. Farberma	()UL	410.11	Julyinian	Beant	into
VS 151-BEV 1/1		1 301	a designation and	200	700	20-100	01 -2650740	gux

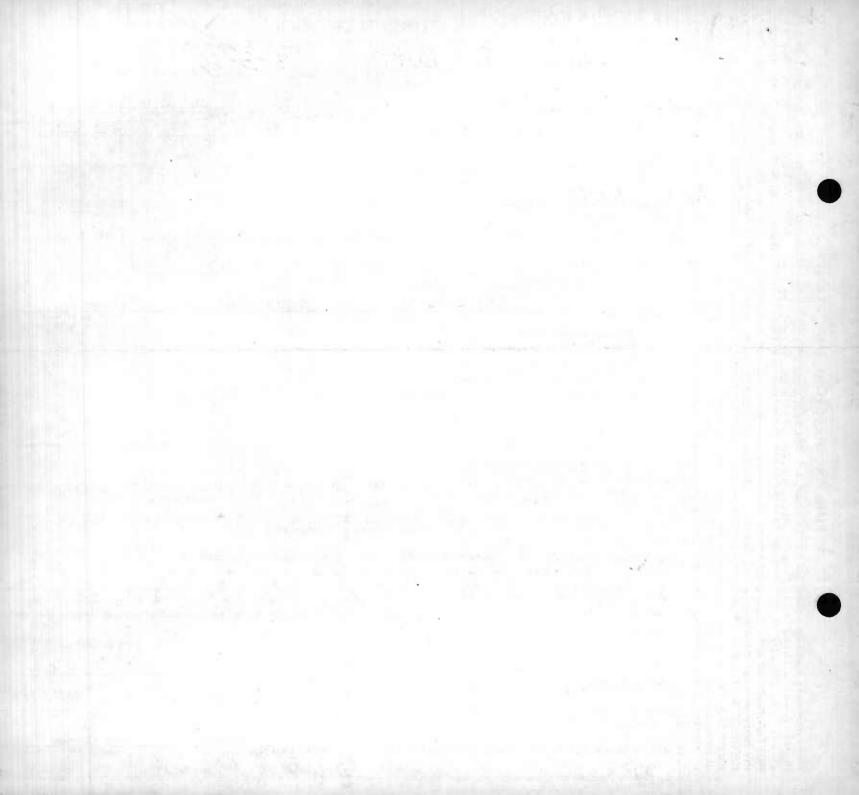


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47-35-54 , 1			BALTIMORE CIT	Y HEALTH DEPARTMENT	1/	
JJ 9-160	BIRTH NO.	66 080	92 CERTIFICA	ATE OF DEATH	Registered No	66 08092
and eoth ased the Such	M.E. CASE N	DECEASED TO			AND HOUR OF DEATH	H ∾_
N G G	(Type or Print)		Tn	2. 541	8/7/66	5:00 Pm.
ece ece	3. PLACE OF	DEATH IN BALTIMORE, A	MARYLAND		Vhere deceased lived, If	institution: residence before admission)
Spi o o				A. STATE B. CO	UNTY	B. 140
d d d	FULL NAM HOSPITAL	OR address or loco	tal ar institution, give street	MARYLAND C. CITY OR TOWN (IF	outside city limits write	e RURAL ond give township)
\$ 50 a	INSTITUTIO	BALTIMORE C	ITY HOSPITALS	COCKEYSVILLE		53
in Bath		4940 EASTER	N AVENUE	D. STREET ADDRESS	(If rural, give location)	
d tin	31	BALTIMORE, I	MARYLAND 21224	IVY HILL ROA	D	21030
ibu da da	5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
occu nntri rmi egu	MAIE	WHITE	NEVER MARRIED	12/6/1945	20	74.01.01.01.01.01.01.01.01.01.01.01.01.01.
1000		OCCUPATION (Give kind of worst of working life, even it retired	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
d - d - d - o		tsman	Western Electr:	MARYLAND		U.S.A.
de de as	13. FATHER'S		WOS CELL ELECCI.	14. MOTHERS MAIDEN N	NAME	
rect (4) U was	Charl	Les B. Gaver	. Sr.	Eleanore E	lhar	
	15. Was Dece	ased Ever in U. S. Armed	Farces? 1 6. SOCIAL	17. INFORMANT	103	ADDRESS
ORTANINER ORTANI  ossistant if the dir if the dir if the dir if the dir ortinal dir ortinal dir	(Yes, no or unk	nown) (If yes, give wor or d	lotes of service) SECURITY NO.	DEG OD DO	H JOLO EASTE	RN AVE. #21224
XAM ORT F th f th d d d	NO		219-14-729		II 4940 EMOIII	
IMPORTAN IMPORTAN or his ossistant Also, if the di sof ony kind; ounced death ottendonce on	18.	90215	<u> </u>	OF DEATH	-	ONSET AND DEATH
So to to be	DI	SEASE OR CONDITION I	H 703 /13	Cardiae a	rrest.	
H OFFER	(This do	es not mean the made	ol dying, e.g., & CALDUE TO	10 morrie	e 16-7. h	leed:
OR: niner iner. ractu	Heoti ioi	lure, osthenio, etc. It mea complication which caus	tiz tile dizenza'			
E E T O D O		ANTECEDENT CAUS	ES EDUE TO	quante	Lica	
ECT ECT Xom Xom Who	DISEASE	S OR CONDITIONS, i	f. ony, giving S		eture	0 1 1
OK _ 0 0 E E S	rise to	The above cause (A	A) stating the (C)	(5- fea	elure	7/31/66
DI ical ical ical ical ical ical ical ical		11	2 5			, ,
A DE LISSE		SIGNIFICANT CONDITIONS				
RAI med med buy buy	DISEASE	E DEATH BUT NOT RE	G IT.		T HO	
APPROVED UNERAL	U 19A. DAT	E OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION		IN CERTIFYING C	E FINDINGS CONSIDERED
FUN Se chi by a 2) Bo 2) Bo physi	E1 0	CIDENT WAS HAIDERING	210 BLACE OF INLIERY IS S	in or about 21C. WHERE DID	YES	
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<b>M</b> –	and hou	r and fram the couses s	toted obove. (1) (We) (did) (did not)	view the body ofter deat	h.	
ust be eased ident hospit o deat	23A. SIGN	NATURE	- )		/	23 B. DATE SIGNED
m ele ccic		K. Hh	Ellinan M.D. A	ttending Med. Director	Stoff Phy s	8/7/66
	23 C. PHY	SICIAN'S ME (Type)		23D. ADDRESS 4940	EASTERN AVE	NUE #21224
rificate y was r 1) An a 3.A. at d prior		K. Ah	hassiniin M.C	Ballo	cly Hosp	· Belle 24 rud.
# 1 2 5 5	24A. BURIAL	CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D	LOCATION (	(City, town, or county) (State)
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This of the bashow wos deceded		EC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT	TOR	ADDRESS
This the I show wos dece	T	AUG 9 1966	O. O. B. E. Fallona	H.W.Jenkins	& Sons Co	4905 York Rd.
	VS 150-REV.		The state of the s	10075	Bal	to.12, Md.

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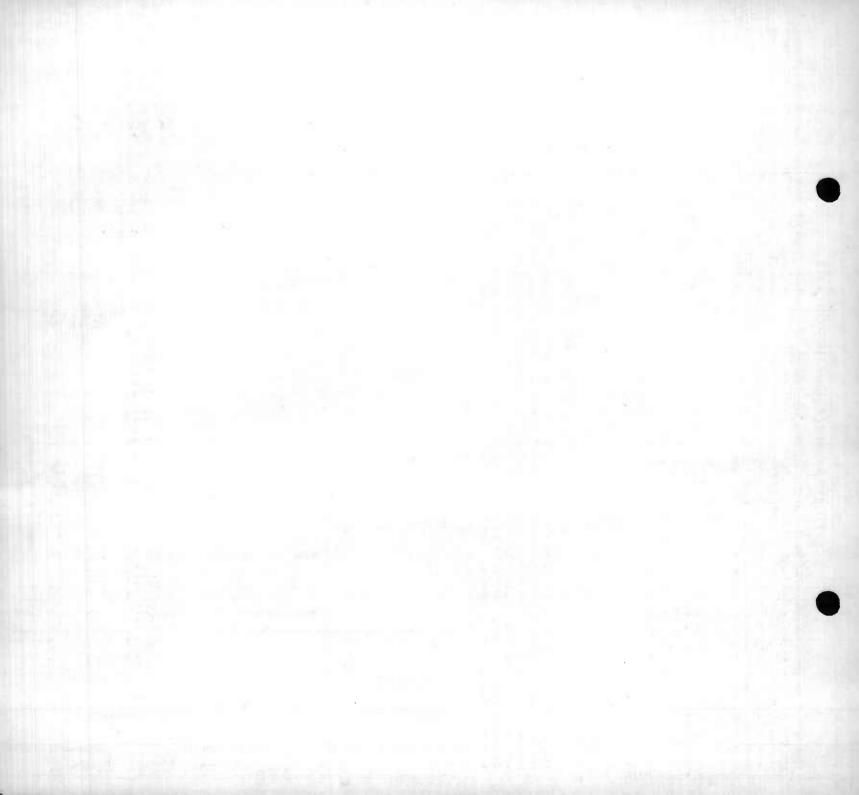


Type or Print)	JOSEPH S	IDNEY SPR	ROWS	AL	JGUST 4, 19	966   9:30 P
PLACE OF DEAT	H IN BALTIMORE, MARY			4. USUAL RESIDENCE (V		f institution; residence before admissi
FULL NAME OF	(If not in hospital or	institution, grve stre	et	MARYLAND	ONT	Balto
HOSPITAL OR	address or lacation)				autside city limits, wri	te RURAL ond give township)
ST. A	AGNES HOSPI	TAL		BALTIMORE D. STREET ADDRESS	(If rurol, give lacotion)	53-00
40						
	· RACE 7	. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 h
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OA. USUAL OCCUP	ATION (Give kind of work )	OB. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
		AT IONAL S		PENNSYLVAN		hes has in-
3. FATHER'S NAME	113			14. MOTHER'S MAIDEN		
JOSEPH	S. Sprows			Margaret McLu		
5. Was Deceased E- res, na ar unknown) (1	ver in U. S. Armed Farce If yes, give was or dates		CIAL CURITY NO.		TON AVENUE	
No				ST. AGNES H	HOSPITAL ,	WILKENS AND
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	OR CONDITION DIRE	CTLY	m	111.4-	Promon	t A
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	sthenia, etc. II means II icalian which caused d		Λ	1	C2	
	TECEDENT CAUSES		(B)	) remic	Coma	
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	CONDITION last.	, and	(C)	renjaran		
UNDERLYING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	Lengarare		
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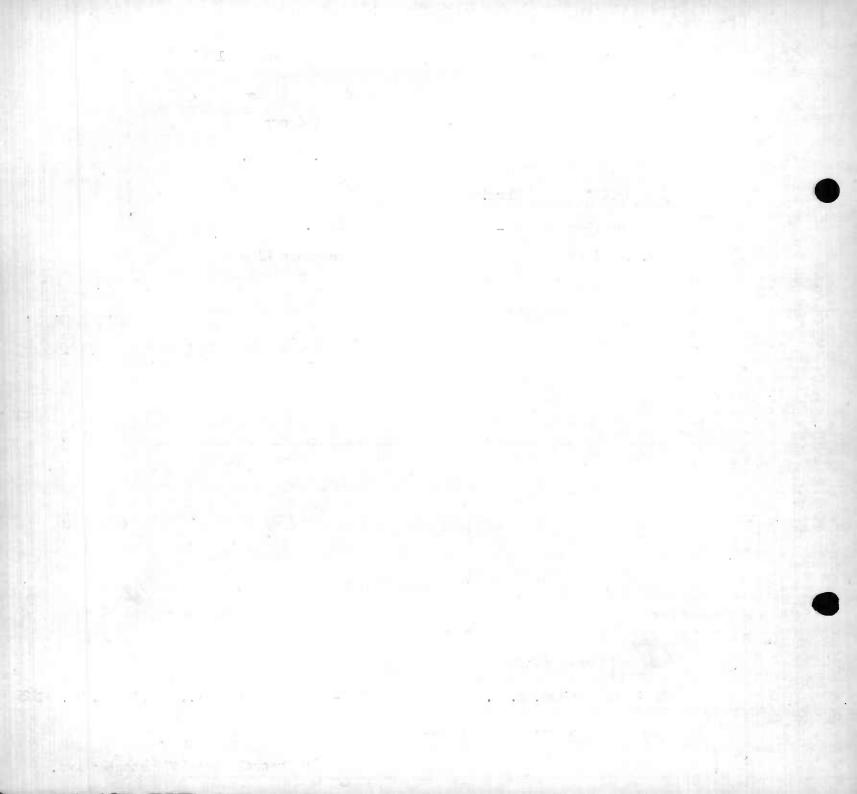
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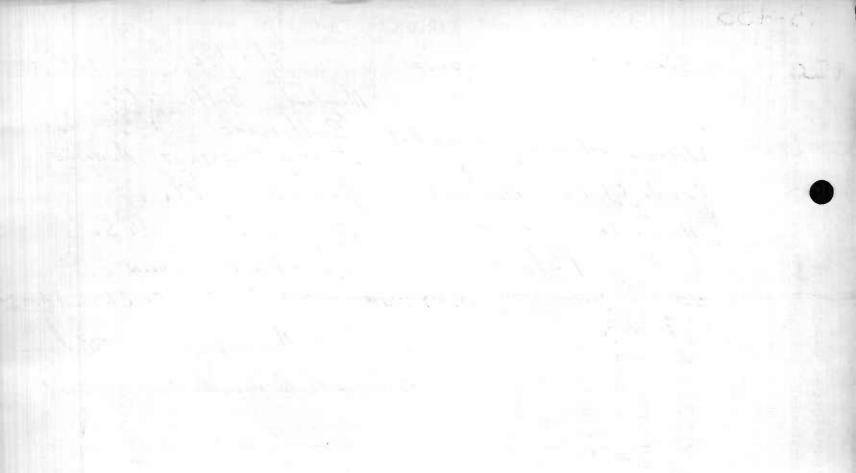
DIRECTOR:

FUNERAL



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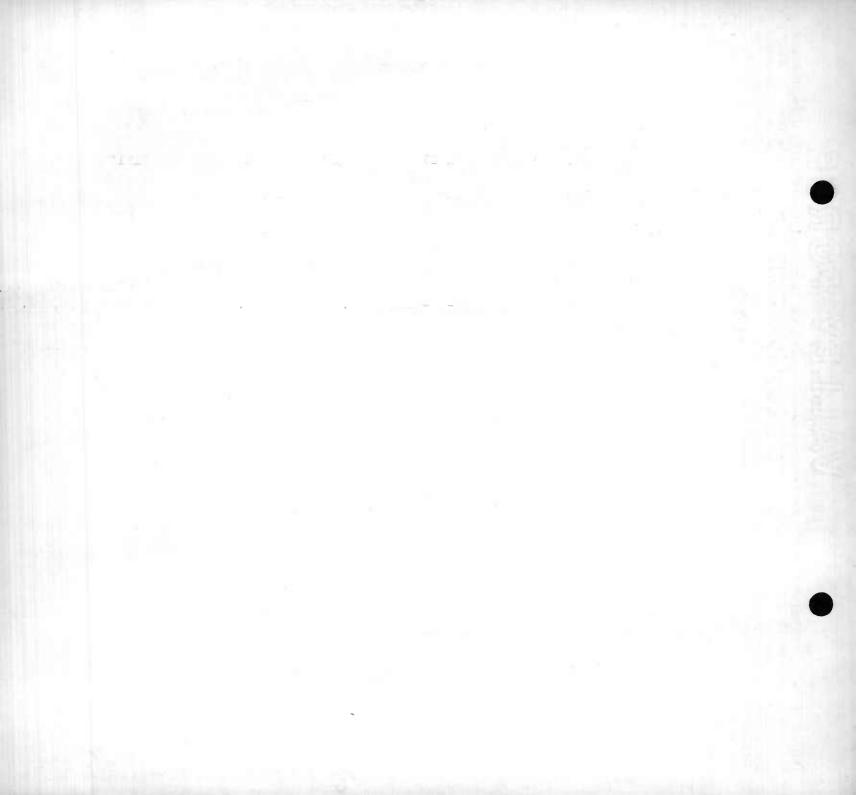




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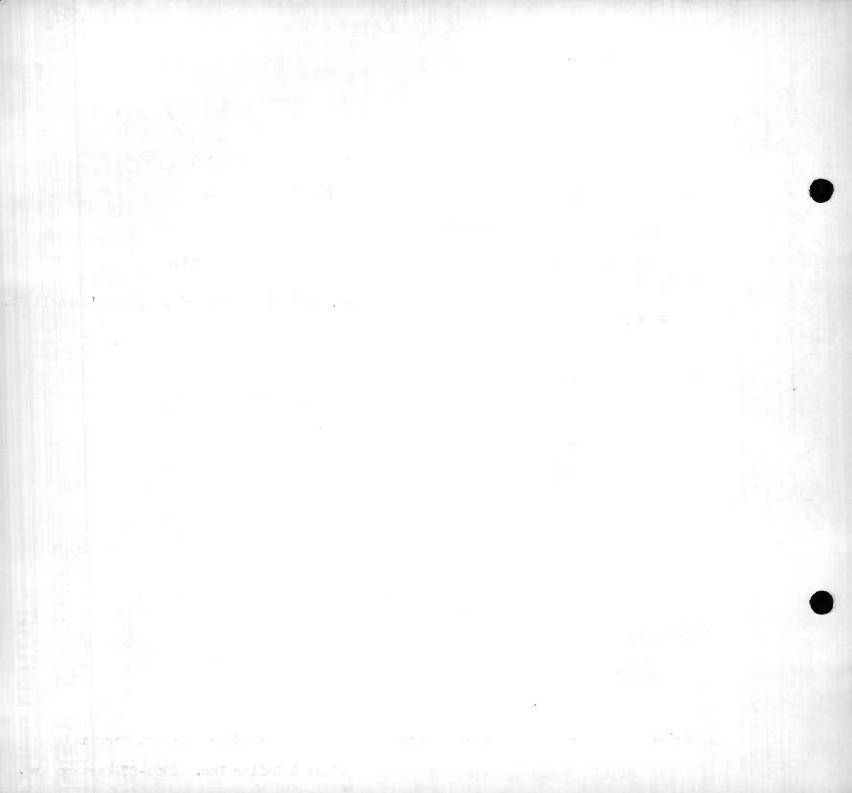
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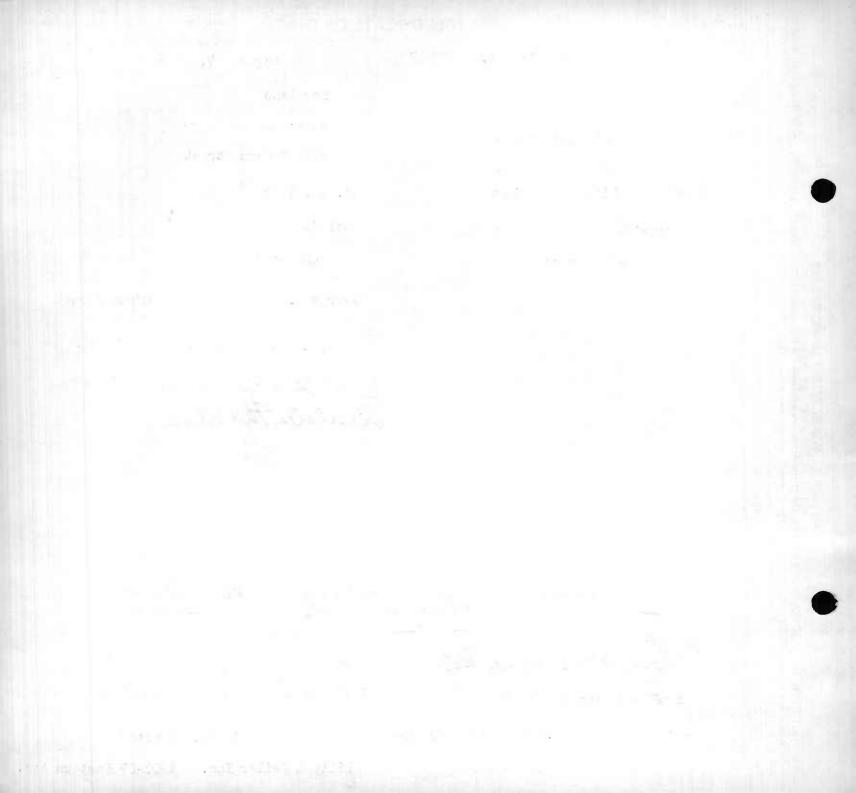
66 U	8191	BALTIMORE CITY H	HEALTH DEPARTMENT		66	U
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No	
M.F. CASE NO						

	CASE NO.	MEDI	CALEX	AMINER 5 C	EKTIFICA	IE OF DE	AII Kegister	ed No.
1. N	AME OF DE		EUGENE	L. BA	ISH		7, 1966	10:15 P
3. PI	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	ryland	eosed lived. If instr B. COU	tution: residence before odmissi NTY
HOS	NAME OF	ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TO	9	rparate limits, write	RURAL and give township)
0	0	839 Park	Avenue		D. STREET ADD	RESS (If rural, give 9 Park Ave		1-0-
5. SI	x fale	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT 9/12/19		9. AGE years lost bir 61	If Under 1 Yr, If Under 24 H Months, Doys Hours, Min
dane		WATION (Give kind of working life, even if retired) D. D. S.	108. KIND OF	BUSINESS OR INDUSTRY	A ST. LEWIS CO., LANSING	(State or foreign co		12. CITIZEN OF WHAT COUNTRY?
	ATHER'S NA		sh		14. MOTHER'S M	thryn Lan	dis	
(Yes,		ed ever in u.s. ARMED  (If yes, give wor or date  World War	s of service)	16. SOCIAL SECURITY NO.	Mrs. Cla	ude H. Ba:	rrick Woo	odsboro, Md.
	В.	20.0.		CAUSE	OF DEATH		E.N.116	INTERVAL BETWEE
CERTIFICATION	DISEASES RISE TO THE UNDERLYI	nat mean the made of a sthenia, etc. It means implication which caused anticolor of the caused and	CONTRIBUTING TO	HE				
	2	WAS PER	FORMED	WHICH OPERATION	Yes	S IN	CERTIFYING CAUS	
O	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, foctory, street,	in or about 21 C. Natice bldg., INJUR	WHERE DID (If in	Baltimore City, giv	e exact lacation)
	21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Year	v	VHILE AT NOT AT W	WHILE	OW DID INJURY	OCCUR?	
	22.	rtify that I held on I	nquiry 🗌	InspectionAu	topsy X on	d that on this b	osis, deoth In m	y opinion
	resu	Ited from: Notural co	uses X A	sccident Suicld			etermined monne	ar 🗌
	ACTUA SIGNA	TURE MAN	e S.	South M.D	ASSISTANT M	EDICAL EXAM	INER 🖾	DATE SIGNED
	EXAMI NAME	NER'S Charl	es S. SI	pringate, M.D	ASSOCIATE N	MEDICAL EXAM	IINER	August 8, 1966
	BURIAL CR	EMATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOC/	ATION (City,	town, ar caunty) (State)
244	Buria	1 8/9/1 D BY HEALTH DEPT.	966	Mt. Zion Ce		All	en, Pennsy	rlvania ADDRESS //
24A	L DATE RECT	NUG 9 1966 (	D. Dr. Br	E. Farberma	Wnl	1. Tichn	er So	Balte,
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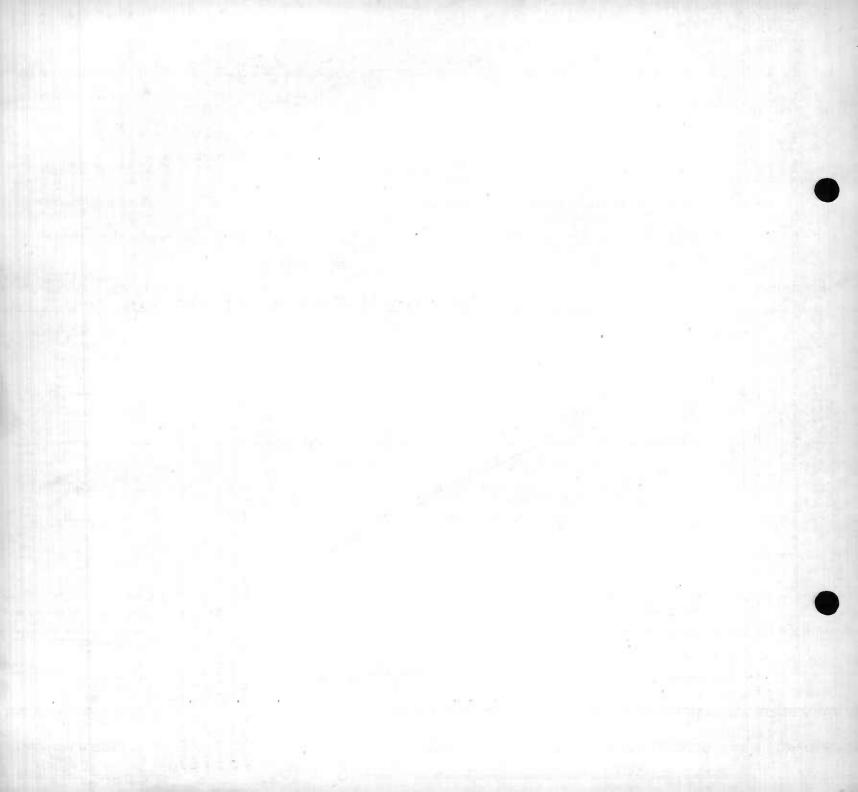
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туре	ME OF DECE	CATHE	RINE V.	FEEHELY		Augus	t 7, 196	66   /	155p.
FL	JLL NAME OF OSPITAL OR STITUTION	(If not in hospite oddress or locol	ol or institution, ion)		C. CITY OR TOWN	NCE IWhere B. COUNT land N III outsi imore	deceosed lived. If	institution: lesiden	
0	0	JOZI Ruds	on Stree				Street		
	emale	White	Widow	NEVER MARRIED D, DIVORCED (specify)  BUSINESS OR INDUSTRY	Dec. 24,	1883	AGE (In years st birthday) 82	If Under 1 Yr Months Doys	
done	during most of we	orking life, even if retired .fe	)	Home	Baltimo			WHAT CO	DUNTRY?
13. F.	ATHER'S NAM	John Tuohy			14. MOTHERS MA	erine l			
15. W (Yes,	no or unknown)	ever in U.S. Armed F Ilf yes, give wor or do	iorces? otes of service)	SECURITY NO.	17. INFORMANT George W	. Feeh	aly 3821	ADD L Hudson S	treet
	hearl failure, o	I meon the mode sthenia, etc. II meon	of dying, e.g., as the diseose,	DUE TO		V			tuys
	A DISEASES OF	NIECEDENT CAUSI R CONDITIONS, if obove cause (A CONDITION lost.	ed death.) ES any, giving	(B) C DUE TO (C)	Brondio erobral Deahel	arter es M	deltus	is 4	Mo.
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	or Print)	Russe	М, д	ohn Heo.	dore	- 44	Ly. Aug.	2-1966. institution: residence befere edmiss
3. PL	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RES	B. COU	ere deceesed Wyed, If	institution: residence befere edmis
FU	JLL NAME O	F (If net in hospitel oddress or locetion		give street		aryland		
IN:	STITUTION						and the same of th	RURAL end give fownship)
13	SOUTH E	BALTIMORE GEN	ERAL HO	SPITAL	D. STREET AD	oltimore DRESS (I	rurel, give location)	
1	n	C			623 S.	Hanover	Street	
5. SE)	X	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In yeers lest birthdoy)	If Under 1 Yr. If Under 24 Months Deys Hours Mi
	fale	Colored	Div.		3/5/08		58	771011113
		JPATION (Give kind of werk werking life, even if retired)	108, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stete or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
_	aborer	verking me, even in remedy	Fava	Fruit Co.	Non	The a	rolina	(1)(SA)
13. F/	ATHER'S NAN	AE			14. MOTHER'S	MAIDEN NA	ME	
	John F	tussell -			Mary D	avis		
5. W	os Deceased	Ever in U. S. Armed Fer	ces?	1 6. SOCIAL	17. INFORMAN	T	11	ADDRESS
7 G 3g [	or anklic wil	yes, give wer er dole	et setates	718-03-6187	Osnan	Lee Ku	sell 1205	igh Point, N'(
1	B. 11 1	AVI			F DEATH		7209	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIE	RECTLY					ONSET AND DEATH
		LEADING TO DEATH		(A) (A)	bon pr	enmon	nia.	
		al mean the made of asthenia, etc. It means					**************************************	~00000000000000000000000000000000000000
		plication which caused						
		ANTECEDENT CAUSES	(8)					
1	DISEASES C	R CONDITIONS, if	DOE 10					
		condition last.	stating the	(C)				
-								
NO	OTHER SIGNI		ONTRIBUTIN	G				
=		EATH BUT NOT RELA		IE.				Tyleron and the second
ERTIFIC	9A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOF	SY? (Yes or N		E FINDINGS CONSIDERED CAUSES OF DEATH?
2 Z	1A. ACCIDEN	IT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or about 21C.	WHERE DID	(If in Beltim	ore City, give exact lecation)
7 0	OR CONTRIBU	medicel exeminer	hon	ne, ferm, fectery, street, o	ffice bldg., INJU	RY OCCUR?		ore only, give executed to content
O	ID. TIME				015.4			
N C	OF INJURY	(Menth) (Dey) (Yeer)		INJURY OCCURRED  Not Whi		IOW DID IN.	JURY OCCUR?	
(	APPROX.)		We	erk Al Werk				
	2. I certify	that (X) (this hospital	) attended t	he deceased from	7/30/66		19 to 8	3/2/66 19
2		last saw the decease	d alive on	8/2/66	19	and th	not in (alQX (our) o	pinion death accurred on the
2	hat (A) (we)							
+		from the causes stat	red opove. (					
t		from the causes star	red above. (					23B. DATE SIGNED
t	and hour one	RE	1		ending	Med.	Staff Phys	
2:	and hour ond  3A. SIGNATU  3C. PHYSICIA	Tai - San	I fran		ending 23D. ADDRESS	Med. Director	Staff Phy s.	8/2/66
2:	and hour one	Tai-San	1 fran	M.D. Att	23 D. ADDRESS	Director		8/2/66
2:	3A. SIGNATU 3A. SIGNATU 3C. PHYSICIA NAME (T	Tai-San  TAI-SAN	Ifnan HUANG,	M.D. M.D. M.D.	23D. ADDRESS South Ba	alto. Ge	en. Hosp	8/2/66 1213 Light St.
2:	3A. SIGNATU 3A. SIGNATU 3C. PHYSICIA NAME (T	Tai-San TAI-SAN	Ifnan HUANG,	M.D. Att	23D. ADDRESS South BE	alto. Ge	en. Hosp	8/2/66



66 USI05

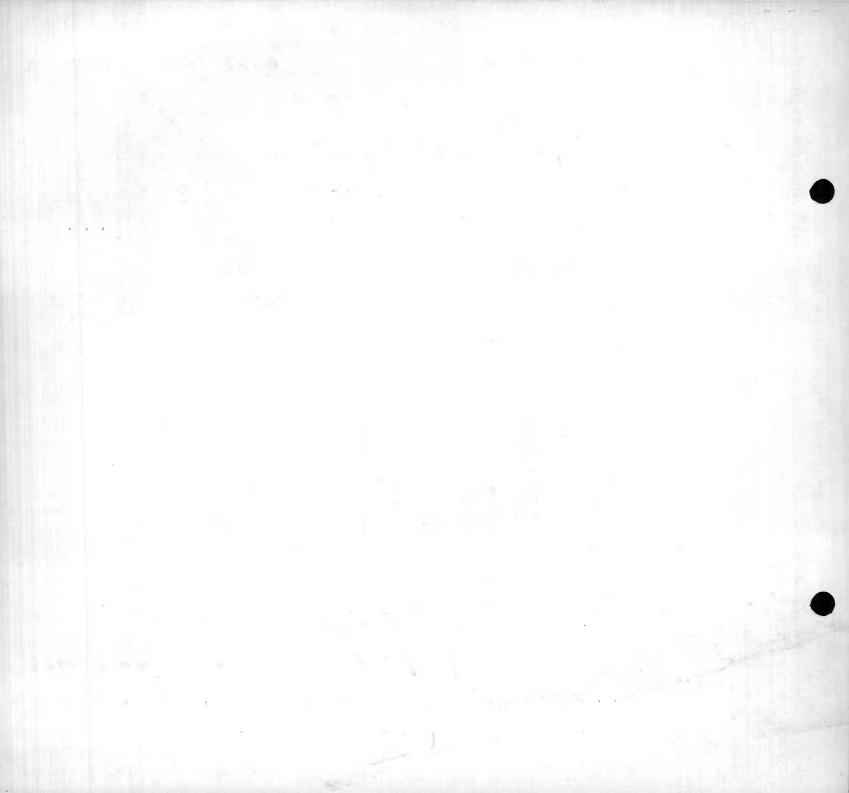
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

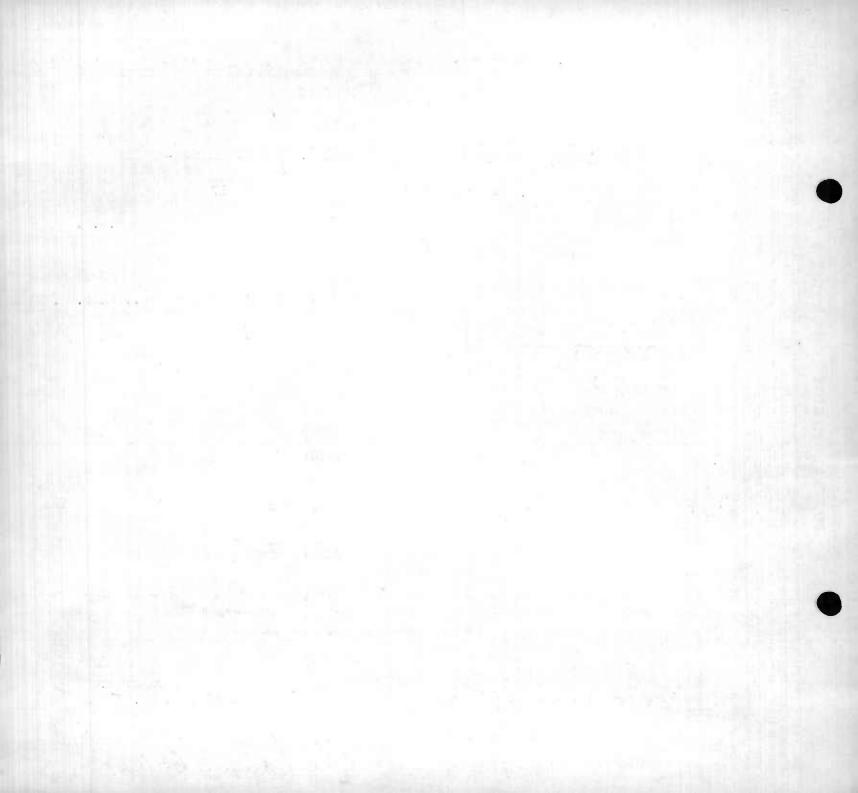
VS 150-REV, 1/1/65

SAB-46-3

Registered No. 66 U8105 CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission) (If outside city fimits, write RURAL and give township) 21216 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Records: BCH-4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 15min 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (It in Boltimore City, give exact location) 19 6 ond that in (my) (our) opinion death occurred an the date 23B. DATE SIGNED 4940 Eastern Avenue, Baltimore, Maryland 21224 (City, town, or county) ADDRESS

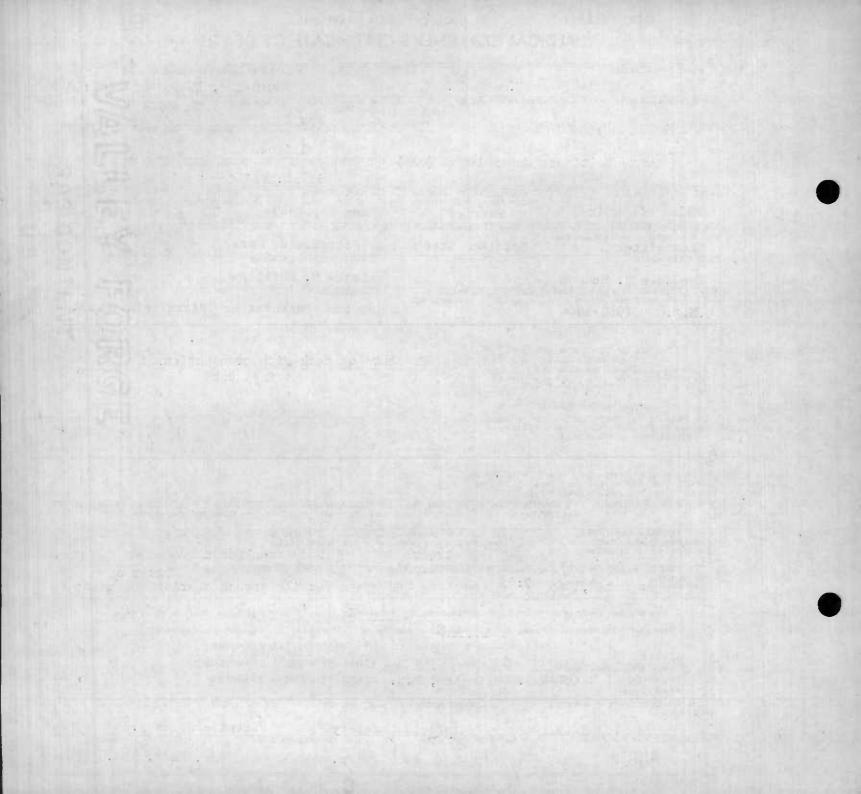


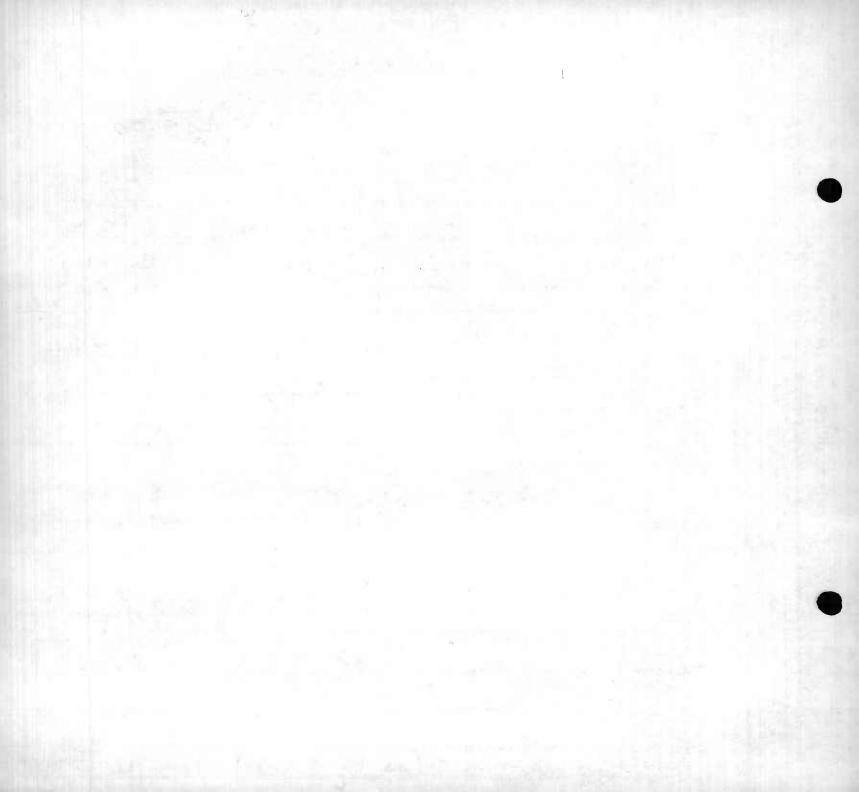
	66 08	106	BALTIMORE CITY	HEALTH DEPARTMENT		00 00100
BIRTH NO.	00 00	1.00	CERTIFICA	TE OF DEATH	Registered Na	<u>. 66 U8106</u>
M.E. CASE N	IO.	4-14-17			AND HOUR OF DEATI	4
(Type or Print		GWE	LIVERIN	2.00.10	-5-66	1. 11 1
3. PLACE OF	DEATH IN BALTIMORE MA		DOTYP	14. USUAL RESIDENCE (W	here deceased lived, II	
				MARYLAND B. COL	UNTY	
FULL NA	OR (If not in hospital	or institution, gr	ve street			<i>y</i>
INSTITUTIO	BALTIMORE (		TTATE		outside city limits, write	RURAL and give township)
	4940 Easte			BALT IMORE  D. STREET ADDRESS	(If rural, give lacation)	
2]				2231 N. CALV		- 21218
5. SEX	Baltimore,		NEVER MARRIED	B. DATE OF BIRTH		
FEMAI		WIDOWED,	DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
			r married	2/15/49	17	
	OCCUPATION (Give kind of war ast af working life, even if retired)		BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
		The same		MARYLAND		U.S.A.
13. FATHER'S				14. MOTHER'S MAIDEN N	AME	
	ALONZO			ELIZABETH		
15. Was Deci	eased Eyer in U. S. Armed Fo	orces?	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na ar uni	nawn) (If yes, give war ar da	les of service)	SECURITY NO.		010 B	
No					1940 Lastern	Ave., Balto.Md. 2122
18.	80 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
D	SEASE OR CONDITION D			100	11. 1.10.	2 4 - H
(This de	pes not meen the mode o		(A) DUE TO	uma of (C)	Wid Ney Mitack	2
heart fa	lure, osthenia, etc. 11 mean	s the disease,	W	1 Th Spread	. Metasta	SE, A
injury o	complication which couse		(8)			R
	ANTECEDENT CAUSE	5	DUE TO	• • • • • • • • • • • • • • • • • • •		
	ES OR CONDITIONS, if the above couse (A)		(6)			
	LYING CONDITION lost.	siding the	(C)			
	ll II					
O OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING		16.22		
DISEAS	E DEATH BUT NOT REL	ATED TO THE				
	TE OF OPERATION 198. CO	NOITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes a	No. 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
E18-7	17541	NEPHIE	ctony becau	LE ATTIMUT. LES		169
U 21A. AC OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	1/ 21 B, F	LACE OF INJURY (e.g., i lorm, factory, street, o	in of about 21C. WHERE DID	(If in Baltime	are City, give exact lacotion)
DEATH	natify medical examiner	etc.)		1000		
Q 21 D. TIM	E (Manth) (Day) (Year	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJU		While	Not Whi	le 📄		
22 1			•	100	19 to 8	- : - ( /: *-
	rtify that (1) (this hospite		8-5-6-6			
	(we) last saw the deceas					pinion deoth accurred on the dote
	r and from the couses st	oted above. (I)	(We) (did) (did not)	view the body ofter death	h•	
23A. SIG	NATURE (	1				23 B. DATE SIGNED
(	Legela 15	7/	M.D. Att	ending Med. Director	Staff Phys.	8-5-66
23 C. PHY	SICIANS	1		23D. ADDRESS		ern Avenue
P	ME (Type)  ARC TRE	FOGCI	M.D.	BCH		, Md. 21224
24A. BURIAL	CREMATION, 24B. DATE		ME of CEMETERY of CR	EMATORY 24D.		Oity, tawn, ar county) (State)
REMOV	AL (Specify)	11, 21	10.0		201	100 mal
13	max 0/19	66 M	1 men	me 1	Janon	104,1101
25A. DATE	AUG 9 1966	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	01:1	6/ Wissame ST
		4 local	C. Manbennik	marky	ge fince of	Myswid
/S 150-REV.	1/1/65				4	



## 86 US107 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.1	E CASE NO.							V		
	NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD					
( i y	pe or Print)	DAVI	D T.	SEDDON	August 8, 1966 7:45 A					
3. F	LACE IN BAL	TIMORE MARYLAN	D, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission					
					A. STATE	arvland	B. COU	Ba	220	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						e corporate limits, write	RURAL ond gi	ve township)		
INSTITUTION				R.	altimore		53	-00		
South Baltimore General (DOA)					D. STREET ADD		rive leastice)			
boden baltimore deneral (bon)										
	3 3 7 3						lling Road	TW bw		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)				B. DATE OF BIR	тн	9. AGE ()n years lost birthdoy)	Months Doys	r. If Under 24 Hrs.		
Male White Married				Aug 23,	1943	22				
				BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN O	F	
		working life, even if re	Poth11	nem Steel	Pittsf	ield, Ma	ass	WHATCH	UNTRY?	
	Steamfi		Beciiri	IEII DIEEI	14. MOTHER'S A					
		e R. Seddo				. Phill:	Lps			
		ED EVER IN U.S. A		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	.S.N.	1960-196		?	Newton +	Barnfat	ther Pittsf	ield, Ma	ass.	
F	1B.			CALLS	OF DEATH			LINT	ERVAL BETWEEN	
	-	11.11		CAUSI	OF DEATH				ET AND DEATH	
	DISEA	SE OR CONDITIO			-					
	(This door	LEADING TO D		\C\/	ire or neo		transection	OL		
	heart failure	not mean the mo , asthenia, etc. It mplication which co	meons the diseose.	DUE TO	spinal cord					
	injuly or co	implication which co	used deom./							
	8 1	ANTECENDENT C	AUSES	481				1		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							••••••		
		IE ABOVE CAUSE NG CONDITION I								
Z				(C)						
일		li								
3			IONS CONTRIBUTION							
Ĭ		R CONDITION CA	T RELATED TO THE	7t						
CERTIFICATION		F OPERATION 198.	CONDITION FOR	WHICH OPERATION	20A. AUTOPS		208. IF YES, WERE FIN			
O		WA	S PERFORMED		Yes	S	IN CERTFYING CAUS	ES OF DEATH?		
A	21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	()f in Boltimore City, giv	ve exoct locotion	n)	
MEDIC	UNDERLYING	MOR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUI	RY OCCUR?		96.		
高	O III O - CA	JI OI DEATH.		street			kfurst Avenu	ie e	-06	
2	OF INJURY	(Month) (Doy)	(Year) (Hour) 2	TE. INJURY OCCURRED	21 F. H	TENI DID MOI	Dr:	iver of		
	(APPROX.)	ugust 8,19	66 7:45 y	HILE AT NOT	WHILE X Ve	chile st	ruck a bridg	ge abutm	ent	
	22.		about Am. v							
1	I cei	rtify that I held a	n Inquiry 🗌	Inspection Au	tapsy X a	nd that on thi	is basis, death in m	y apinian		
	resu	Ited from: Natur	ol causes A	ccident X Suicia	de Hamic	ide 🗌 👢	Indetermined manne	or 🗌		
		20	1 0 0	)	CHIEF	MEDICAL EX	AMINER			
	ACTUA	L (1/11/	2	-	ASSISTANT		**	D	ATE SIGNED	
	SIGNAT		120.00					Anguet	8, 1966	
	EXAMI	NER'S Char	les S. Spr	ingate, M.D.	ASSOCIATE	MEDICAL EX	KAMINER	2145452	0, 1000	
22.4	NAME (		TE IOO	C NAME OF CENTERS	CREAT ATORY	230 1	OCATION (City,	town, or county	(Stote)	
	MOVAL (Special		23	C. NAME OF CEMETERY	OF CREMATORY	230. [	CATION (CITY,	iowii, or county	, (31016)	
			12/1966	Pittsfield C	emeterv	Pi	ttsfield, Ma	ass.		
244	Buri			OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDR	ESS	
	Λ	UG 9 196	50000	2 Fo D. 40	Lim Co	ok-Brook	s, Inc. Bal	t., Md.		
	M	00 0 130	o Uliveri	E. Farbeyma	wiii.Co	OK-DIOOR	o, me. bar	.,		
-		14.5		- A	-					





66 08109 66 08109 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD CHARLES L. DAVIS July 13, 1966 4:40 P 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Maryland General Hospital 932 Druid Hill Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) last birthdoy Manths, Days, Hours, Min. Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** SECURITY NO. (Yes, no ar unknawn), (If yes, give wor or dotes of service) 1B. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  $\ddot{\circ}$ Par No 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact lacation) home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 D TIME (Day) OF INJURY m. WHILE AT NOT WHILE (APPROX.I 22. Inspection X I certify that I held an Inquiry Autopsy and that on this basis, death in my opinion

Charles S. Petty, M.D. 23C. NAME of CEMETERY OF CREMATORY 23B, DATE

ASSOCIATE MEDICAL EXAMINER

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

7/14/66 (City, fown, or county)

23A. BURIAL CREMATION. REMOVAL (Specify)

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

Suicide

M.D.

Undetermined monner

24A. DATE REC'D BY HEALTH DEPT.

resulted fram: Natural causes 🛚

8

24B. NAME OF REGISTRAR

Accident

24C. FUNERAL DIRECTOR

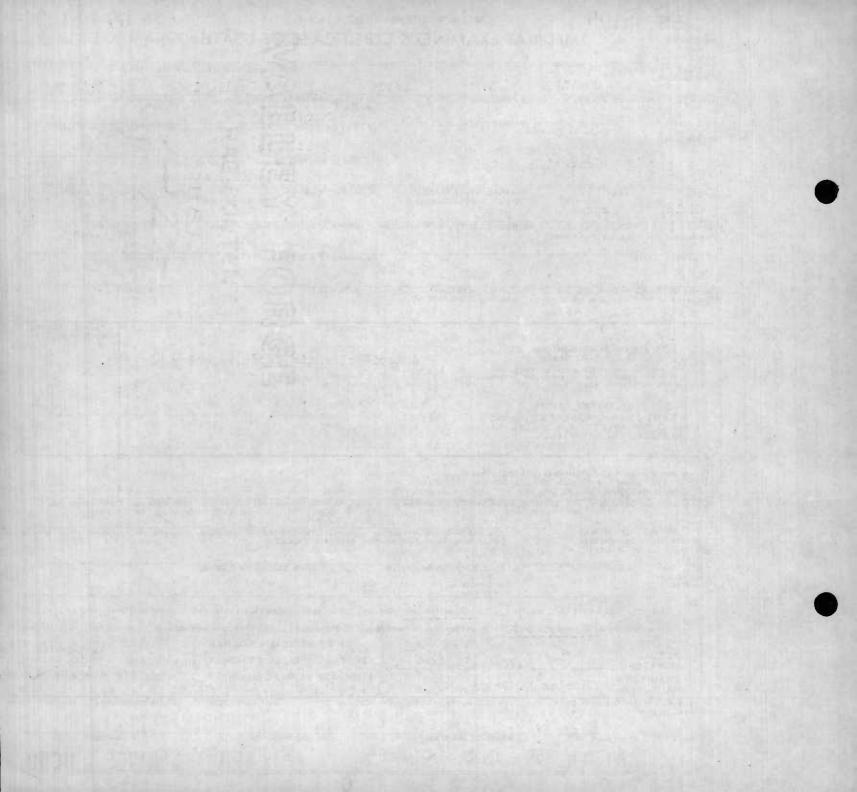
6-4

23D. LOCATION

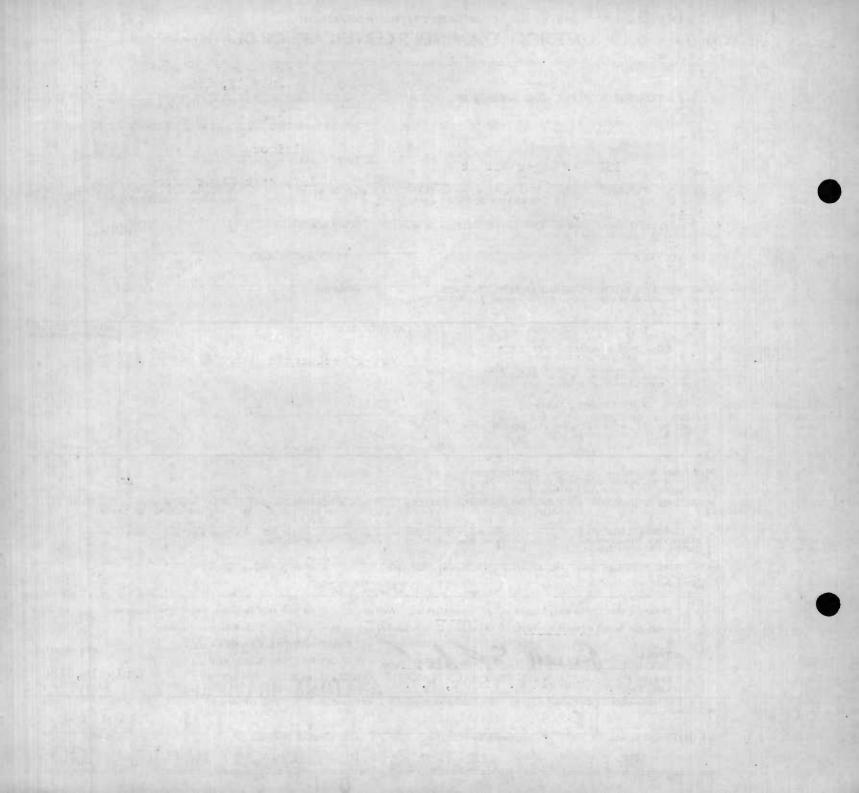
ADDRESS

DATE SIGNED

VS 151-REV. 1/1/65

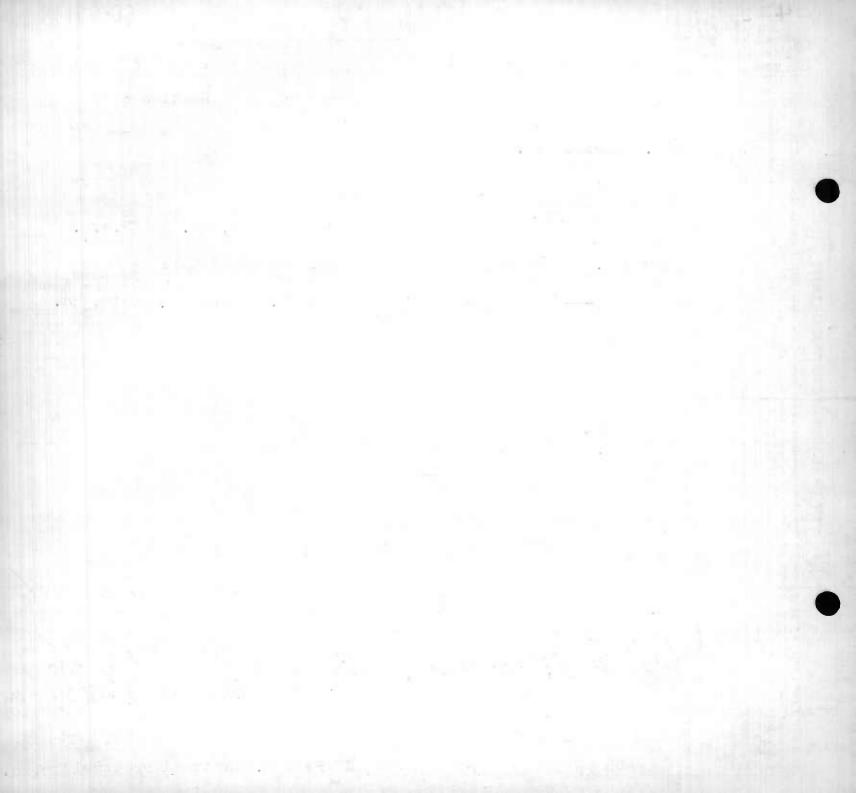


	3. PLACE IN BALTIMORE, M	Robert	GOODMAN		July 1				.D
	OI 1 = 7 OE 111 O' 1 = 111 O' 1 = 111	ARYLAND WHERE PRONC	(Type or Print)  Robert GOODMAN  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					8:45 A	M.
	FULL NAME OF (IF NO HOSPITAL OR ADDR	OT IN HOSPITAL OR INSTI-	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore						
	152	2 E. Eager St	D. STREET ADDRE						
	5. SEX 6. RACE	WIDO WED,	D, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		Eager Stre  9. AGE (In years lost birthdoy)  57	If Under 1	Yr. If Under	24 Hrs. Min.
	Male Ne		OF BUSINESS OR INDUSTR	TIT. BIRTHPLACE (S	tote or foreign co		12. CITIZEN WHAT	OF COUNTRY?	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, gi		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	(This does not meen heen foilure, ostherno, injury or complication was an analysis of the Antecent Rise to the Above Underlying Conditions	DENT CAUSES  DITIONS, IF ANY, GIVING CAUSE (A) STATING THE	(B)	terioscler	otic Hea	rt disease	3		
	TO THE DEATH B	CONDITIONS CONTRIBUT UT NOT RELATED TO ON CAUSING IT.	THE	Restal					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 2°C. WHERE DID (If in Boltimore City, give exect location) UNDERLYING OR CONTRIB- bome, form, foctory, street, office bldg., INJURY OCCUR? etc.)									
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE AT NOT WHILE AT WORK								
		Natural causes S	Inspection X Au Accident Sulcid	e Hamicid	e Unde		er 🗌	DATE SIGN	
	EXAMINER'S	Russell S. F	isher, M.D.	ASSOCIATE ME	DICAL EXAM	INER DOE M	July	18, 19	66
	NAME (Type)  23A. BURIAL CREMATION,	and the state of t	3C. NAME of CEMETERY	OF CREMATORY	23 D. LOCA	TION City.	lown, of cou	hry) (St	tote)



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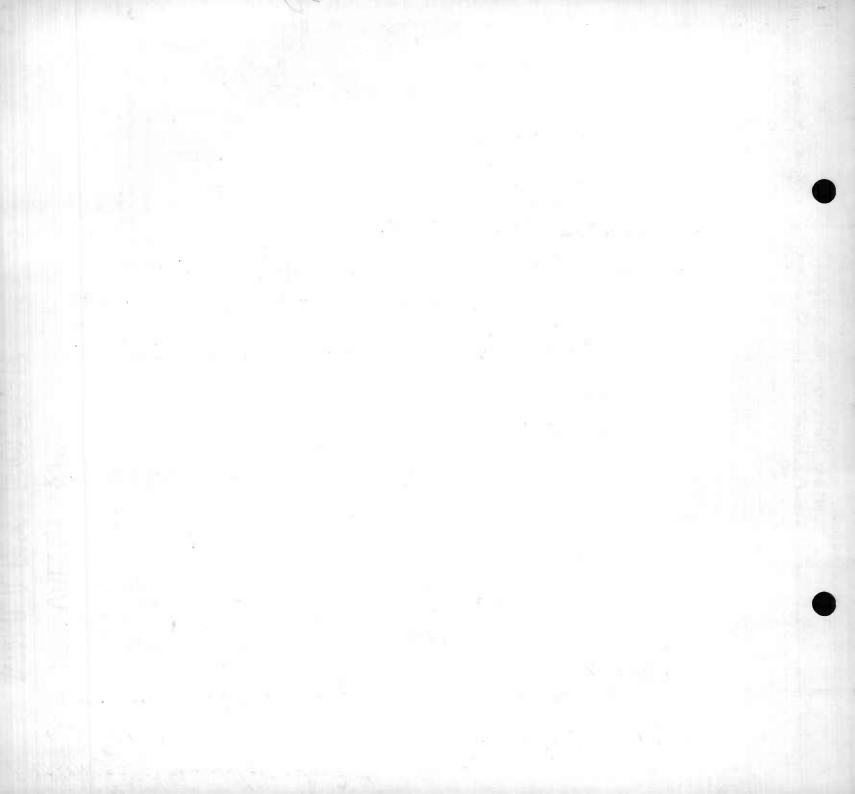
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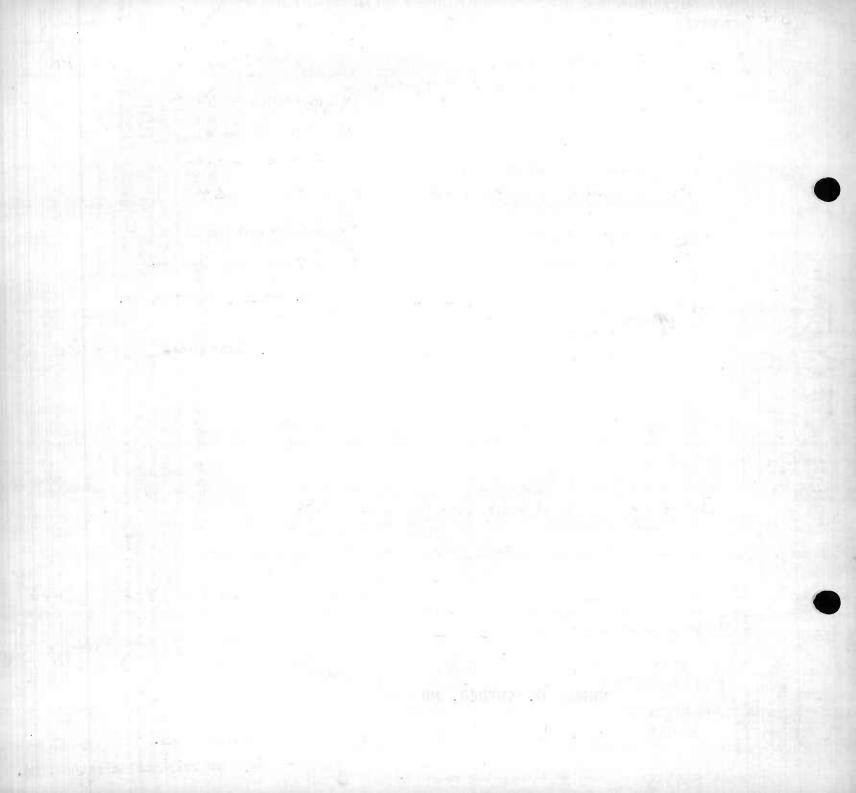
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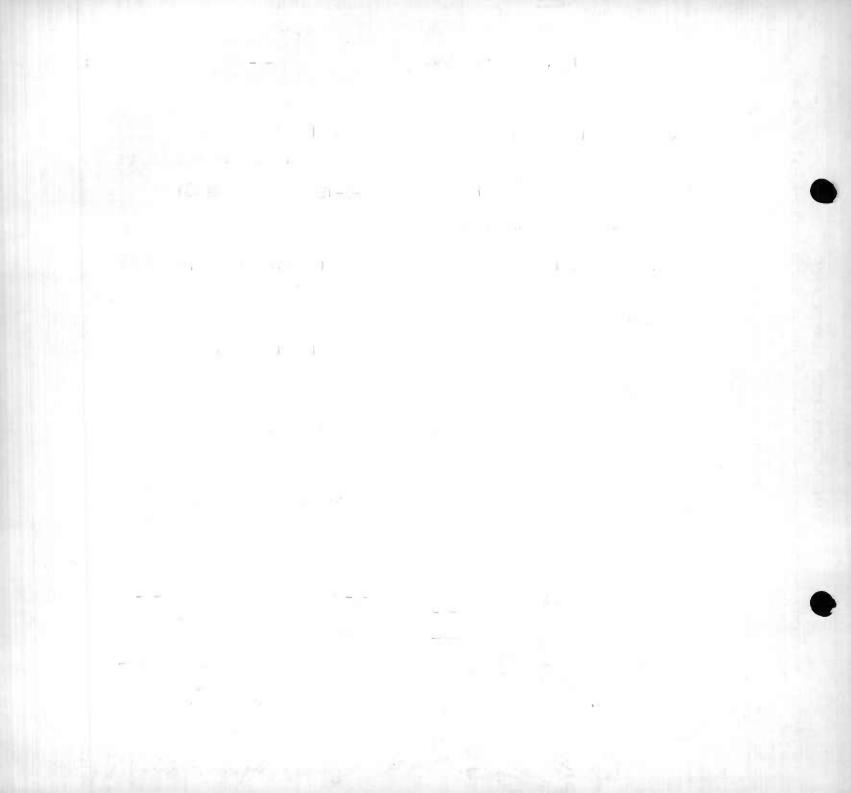
DIRECTOR:

FUNERAL

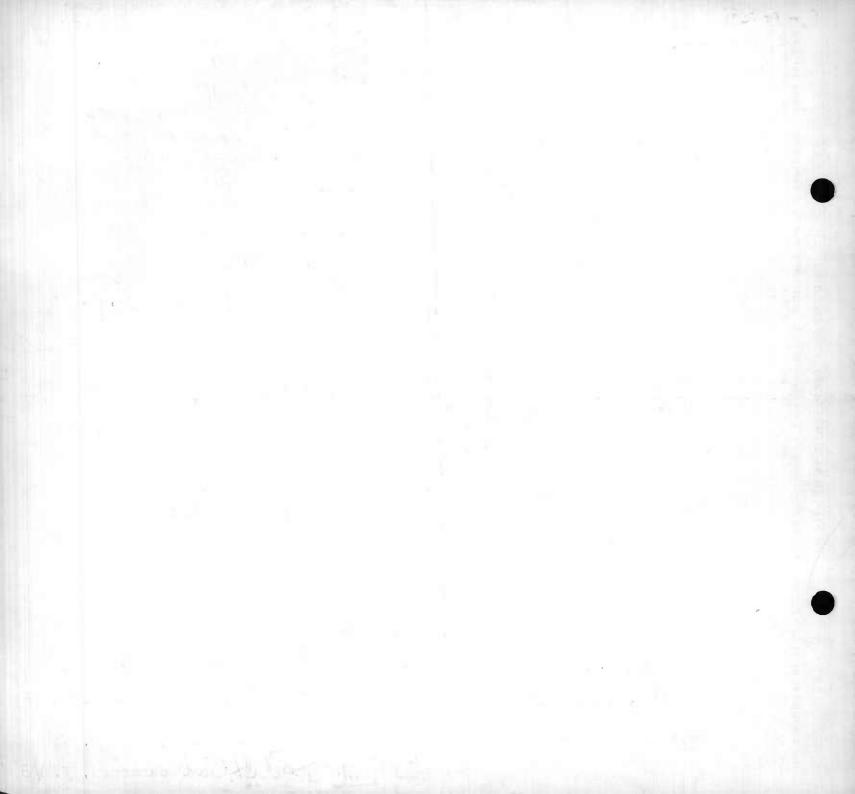


00 00	145	BALTIMORE CITY	HEALTH DEPARTMENT		66 08115
BIRTH NO. 66 US.	CLI	CERTIFICA	TE OF DEATH	Registered No	00 0000
I. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
Type or Print!	Small		8-	-6-66	1110 DM
B. PLACE OF DEATH IN BALTIMORE, N	ARYLAND.	1	14. USUAL RESIDENCE (W	here deceased lived. If in	stitution; residence before admiss
University of A FULL NAME OF (II not in hospite	1 ary lar	id Hospital			stitution: residence before admiss
FULL NAME OF (II not in hospite oddress or local	ol or institution,	give street	Pennsylvani C. CITY OR TOWN (IF	a - York	
HOSPITAL OR oddress or local	ion)		C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
HT3HTO HOR			Hanaguer		V 35
			D. STREET ADDRESS	If rurol, give location)	
28					
30			56 Brooks		
SEX 6. RACE	7. MARRIED	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
MW		arried	3-14-02	1.4	
DA. USUAL OCCUPATION (Give kind of w	ork 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar fo	reion country)	12. CITIZEN OF
done during most of working life, even if retired				g. com,,,	WHAT COUNTRY?
Loom Operator			Tennsylvan	nia.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
7 Inmani -3 C33			2		
7 Jeremial Small			Lidea	Anne Laugh	man
S. Was Deceased Ever in U. S. Armed I Yes, no or unknown) (If yes, give wor or de	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	or service/		Jennie M. Sma	.11 Hanove:	r. Pa.
		176-050-571		TIMETO VC.	
18. 452 XI		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I		0		-	
LEADING TO DEAT		(A) Cer	ebral Vascula	r Hombosis	48 hr.
(This does not meon the made		, DUE TO			
heart failure, asthenia, etc. It mean					
ANTECEDENT CAUS		( R)			
		DUE TO			**************************************
DISEASES OR CONDITIONS, if					
rise to the above cause (A UNDERLYING CONDITION lost.	) stating the	(C)			
Z   !!	CAURCINI				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS P	LATED TO TH	IG IE			
DISEASE OR CONDITION CAUSING	it.				
19A. DATE OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
8-4-66 Car	atid Art	. False Aneurys	M YES	IN CERIFFING CA	OJES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	216	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hor	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
O DEATH (notify medical examine)	erc	•			
21D. TIME (Month) (Doy) (Yea	n) (Hour) 21 E	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)		hile At Not Whil			
	W				
22. I certify that (I) (this haspit	al) attended t		7-27	19 6 6 to	8-6 1966
that (I) (we) last saw the decea		8-6			nian death accurred on the
					door decorred on the
and haur and from the causes s	ated above. (	I) (We) (did) (did not)	riew the bady after death	1.	
23A. SIGNATURE					23B, DATE SIGNED
Konglet 10 1	. de 1	M. D. Att	ending Med.  S. Director	Stoff Phys.	8-6-66
23C. PHYSICIAN'S	your.		23D. ADDRESS	· 117 3. 12.34	066
NAME (Type)			AUDICESS		
RONALD	D. SNY	DER, MD M.D.			
AA. BURIAL CREMATION, 248. DATE		AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty, town, or county) (Stot
REMOVAL (Specify)					
Burial Aug. 10		st Haven Cemet	ery	Hanover Pa	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	O R	ADDRESS
AUG 1 0 191	18 020	BE Jankey MA	Tipton- El	ine Funeral F	Home Hampstead, N
	N INCOME			1	Tome Hampstead, N
'S 150-REV. 1/1/6S	4	The same of the sa	9 9 6	Prof.	









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## 66 US121 BALTIMORE CITY HEALTH DEPARTMENT TH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

_	CASE NO.							
(Type	ME OF DEC	PEMSED	77.0	DAGE -	y TAITE		DATE AND HOUR PRONO	1 15 4
3. PL A	CE IN BALT	IMORE MAI			I LATE		8-5-66	4:45 A. M. finstitution: residence befare admission
			, , , , , , , , ,	TERE TROTTO	JITOLD DEAD	A. STATE	В.	COUNTY
FULL I HOSPI INSTIT	NAME OF TAL OR UTION	(IF NOT ADDRES	IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township)
	1	BALTIMO	RE CIT	Y JAIL			Ltimore S (If rurol, give lacation)	7-01
92						19	E. Pratt Stre	0
5. SEX		6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	eors If Under 1 Yr. If Under 24 Hrs.
NO	ale	Whit	0		DIVORCED (specify)	Jan.	1905	Manths Days Hours, Min.
10A. U	SUAL OCCI		kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot		12. CITIZEN OF WHAT COUNTRY?
	Meat C	utter				Thu	rmont. Md.	USA
13. FA1	THER'S NAM	VE -				14. MOTHER'S MAID	EN NAME	
		George D EVER IN U	F. Le	te		ATT	ie M. Putman	
15. WA	S DECEASE	D EVER IN U	war or dote	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	WW			577-10-5246	John Te	te. 71/ Biddle	Road. Glen Burnie
1B.	1/3				1	OF DEATH	THE DEGLE	INTERVAL BETWEEN
	Africa A	CF OR CON	l Dizioni bu	con v				ONSET AND DEATH
	DISEA	LEADING		RECTLY	Arter	insclaratio	cardiovascula	r disassa
	(This does not heart foilure, injury ar con	osthenio, etc mplication whi	e mode of the means ch coused of	dying, e.g., the disease, leath.)	DUE TO	10501010010	cararovascara	I discase
	313							
		ANTECENDENT CAUSES  S OR CONDITIONS, IF ANY, GIVING  OUE TO						
	RISE TO TH	E ABOVE CA	USE (A) ST		DOE TO			
	ONDERETH	TO CONDIN	Old ENSI.		(C)		******************************	
은		- 11						
CERTIFICATION	TO THE		NOT REL	CONTRIBUTION TO T		*****************	***************************************	
19/			198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y		RE FINDINGS CONSIDERED
	)		WAS PERF	ORMED		Yes	IN CERTIFYING	CAUSES OF DEATH?
OUN	DERLYING	CAUSE WA	B-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, factory, street, a	n or about 21C. WHE	RE DID (If in Boltimare Ci CCUR?	ly, give exoct lacotion)
21	DIME	(Manth) (I	Doy) (Yeor	(Haut) 2	1E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
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22		tify that I h	eld on Ir	nquiry 🗌	Inspection Aut	opsy X ond th	not on this basis, deoth	In my opinion
	resul	ted fram: N	lotural cau	ses X	Accident Suicide	Hamicide	Undetermined m	onner 🗌
		1/	-11	1	- ()	CHIEF MED	ICAL EXAMINER	DATE SICHED
	SIGNAT		117	Tosta	yan M.D.	ASSISTANT MED	ICAL EXAMINER X	DATE SIGNED
	EXAMIN NAME (	ER'S	UDICER	BRETTE	NECKER, M.D.		ICAL EXAMINER	8-5-66
	URIAL CRE	MATION, 23	B. DATE		C. NAME of CEMETERY o	CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
	VAL (Specify urial	()	10 Au	g.66	Baltimore N	ational	Baltimore	, Md.
24A. D		BY HEALTH	DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
		AUG 4	0 1966	Robert	5 E. Farbura	Kirkley	Funeral Home.	Glen Burnie, Md.
VS 15	1-REV. 1/1/			//	1 0 5	0 0 1		

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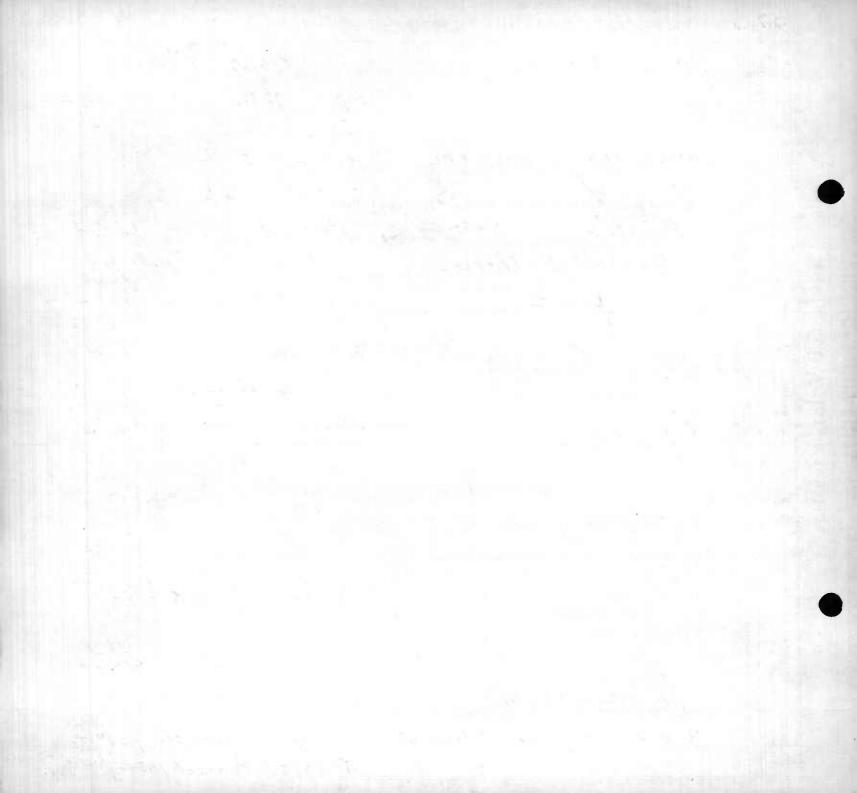
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) **COERGE LAMMERS** AUGUST 6, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) MARYLAND C. CITY OR TOWN HOSPITAL OR address or location (If outside city limits, write RURAL and give township) INSTITUTION YIGHTYILLE (If rural, give location) ST. AGNES HOSPITAL 1212 PINE HEIGHTS AVENUE 5. SEX 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours lost birthdoy! MALE WHITE MARRARN WIDOWED 8-22-1897 68 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BROOM MAKER S. W. BROOM COMPANY MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH D. LAMMERS KUNNIGUNAD MOENIUS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 213-05-5161 NO MR. ALBERT B. WEYER, 1212 PINE HEIGHTS AVE. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No!) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on... and that in (my) apinion death occurred on the date ond hour and from the causes stated above. M (We) (did)/did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Allending M.D. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) EARL I. PASS 4001 WILKENS AVENUE M.D 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BURIAL 8-9-66 LOUDON PARK CEMETERY BALTIMORE. MARYLAND 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE #29 VS 150-REV. 1/1/65

Correction form from funeral director, 9/6/66.

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

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BIRTH	NO.				

EDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.
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LE CASE NO.					E OF DEATH RO	9	
NAME OF DEC						The state of	
ype or Print)	EASED Wayla	and	BRAXTON		August 8, 19	66	2:30 A.M. 12:30 P.
OLL NAME OF OSPITAL OR	MORE MARYLAND, W	A M F	THON, GIVE STREET,	Ma	ENCE (Where deceosed lived.  Aryland  VN (II outside corporate limits		
STITUTION	Franklin S	quare H	10-31-66 ospital		altimore (ESS (If rural, give locotion)	17	-01
				15	00 W. Mulberry	Street	
Male	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In lost birthday		1 Yr. If Under 24 Hr Days Hours Min.
	JPATION (Give kind of work varking life, even if retired)	SIN	BUSINESS OR INDUSTRY	5-15-27 11. BIRTHPLACE (	State or foreign country)		N OF T COUNTRY?
FATHER'S NAM	NE .	110		14. MOTHER'S M.	AIDEN NAME		Dene
	Charles	Brax	ton	A	llie Brown		
	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
.,	,, g			Allie B	raxton 1600	6 Deniso	n Street
18.	131/-		CAUSE	OF DEATH			INTERVAL BETWEEN
OTHER SIGN	IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO T	HE				
19A. DATE OF	WAS PER	COBARED	which operation ad injury	20 A. AUTOPSY	(Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CO CAUSES OF DE	ON SIDERED ATH?
21 A. EXTERNAL UNDERLYINGA UTING □ CAU	OR CONTRIB-	home	PLACE OF INJURY le.g., i, form, foctory, street, or robably street	ifice bldg., INJURY	of 1500 W. Mul		17-0
21D TIME OF INJURY (APPROX.) 8-	6-66 about 12	2:30 <sub>Am.</sub>	WHILE AT NOT NORK		resumably fell		
22. 1 cert	ify that I held on Inted from: Natural con	uses A	Inspection Aut	Opsy X one Hamicl CHIEF MI ASSISTANT MI	that on this basis, death  Undetermined  EDICAL EXAMINER  EDICAL EXAMINER	manner X	DATE SIGNED
NAME (1	Type) MATION, 23B. DATE		C. NAME of CEMETERY o		23D. LOCATION	ICity, town, or o	
EMOVAL (Specily			9.00	0.			
Burial	8-11		of REGISTRAR	Lem .	Baltimore		and

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BALTIMORE CITY HEALTH DEPARTMENT

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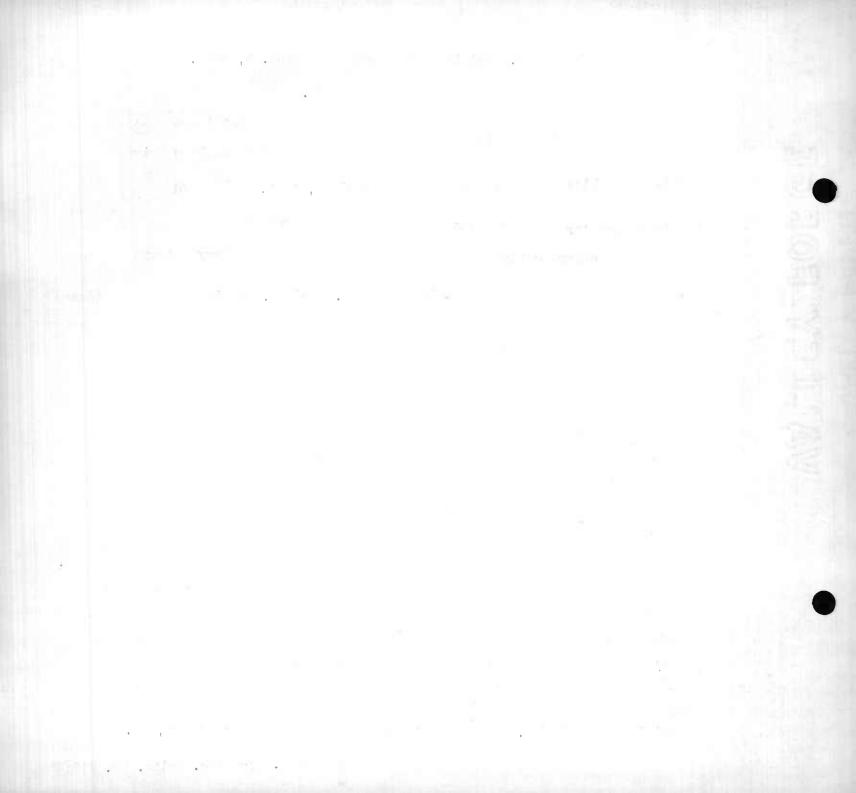
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FATHER BASTONES

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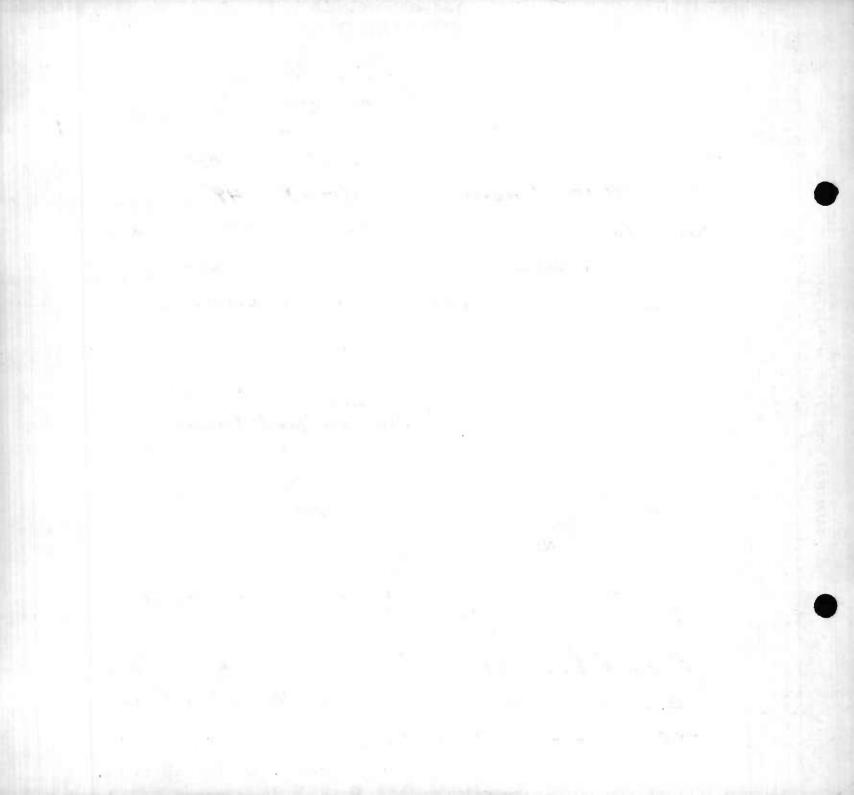
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FUNERAL DIRECTOR: IMPORTANT	iner.	ular ular mba
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	by th pital ure; (3	wher No d bef
	oved e hos	nd (6)
	appr to th of any	al (ex h); a be ob
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	s rele	or to
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Awritten approval must be obtained before the remains are embalmed or final disposition is made.
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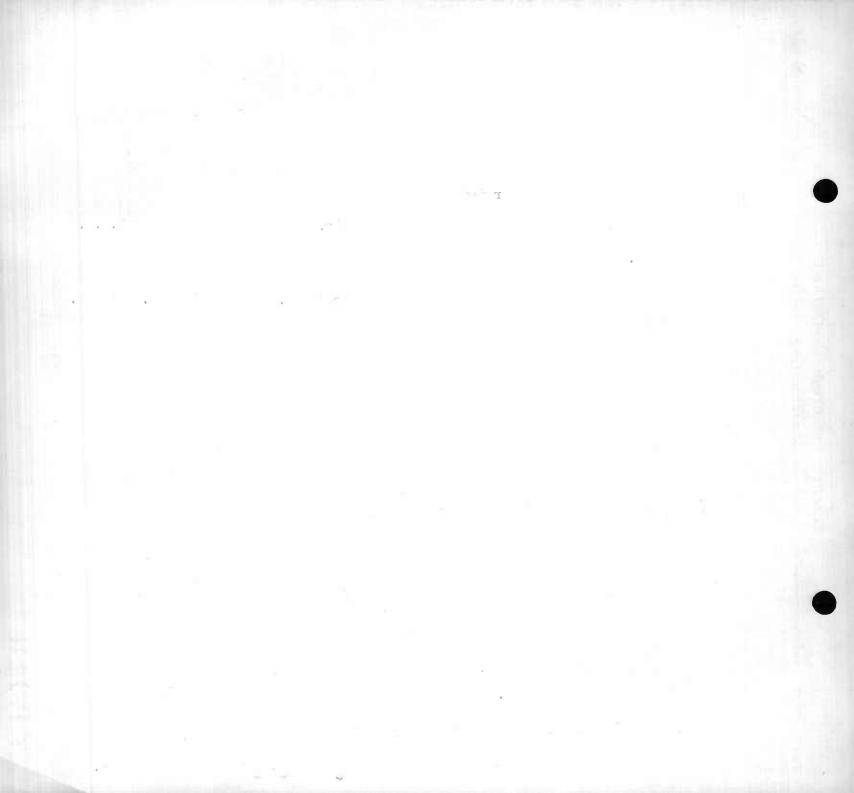
CC 00420 BALTIMO	RE CITY HEALTH DEPARTMENT	66 08133
66 08133 CERTI	FICATE OF DEATH Registered No.	00 00100
NAME OF DECEASED  Type or Print)  Lawrence V. Frankli	N 2. DATE AND HOUR OF DEATH	17.25 P.
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. It is	nstitution: residence before admission
FULL NAME OF (If not in hospitot or institution, give street	Mary land - Baltimo	re City
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	
Habatheran Hosp. of Md.	D. STREET ADDRESS (If rurol, give location)	0
La Yourseason (1902)	1542 Fulton Ave	
SEX 6. RACE 7. MARRIED, NEVER MARRIES	D B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
M WIDOWED, DIVORCED (Sp.	11-21-1709 54	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN one during most of working life, even if refired)		12. CITIZEN OF WHAT COUNTRY?
Paper Hanger	Virginia	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	MARKET RELEASE
Judson Franklin	Mattie ?	
5. Was Deceosed Ever in U. S. Armed Forces?  (es, no or unknown)(If yes, give wor or dates of service)  16. SOCIAL  SECURITY N	d. 17. INFORMANT	ADDRESS
no	Alma Foster - 1542 N. Fr	lton Ave.
118. 4 20 1+1-002.1 C	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Shock	
(A)_	5 KO CR	
heart failure, asthenia, etc. It means the disease,	CI to Lit TIII	
ANTECEDENT CAUSES (B)	Electroly te Imbalan	<u>(                                    </u>
DISEASES OR CONDITIONS, if ony, giving		1. 1.
rise to the obove couse (A) stating the (C). UNDERLYING CONDITION last.	Probable Myocardial In	Faction
II II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 0.1 7	
DISEASE OR CONDITION CAUSING IT.	exiz and old fulm. It	,
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	JRY (e.g., in or obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory,	street, office bldg., INJURY OCCUR?	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUS	RRED 21F. HOW DID INJURY OCCUR?	
	Not While	
W 01K	am 8 - 5 - 66 19 to 8	- 8-66 10
22. I certify that (I) (this hospital) attended the deceased fr	am 3 - 5 - 66 19 to 8 - 6 19 and that in(my) (aur) ar	- X - 2 6 19
		inian death accurred an the da
and haur and from the causes stafed above. (1) (We) (did) (di	ld nat) view the bady after death.	23B, DATE SIGNED
711111016	A.D. Attending Med. Stoff Phys. Director Phys.	8-8-66
23C. PHYSICIAN'S	23D. ADDRESS	
NAME (Type) E. H. Weiss	M.D. Luthersu Hosp. of M	d,
44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETE		City, town, or county) (State)
REMOVAL (Specify)		
	25C. FUNERAL DIRECTOR	Maryland ADDRESS
25A. DATE RECOUNT HEALTH DEPT. 25B. NAME OF REGISTRAR	(70	lison Ave.
/S 150_PEV 1/1/A5	The state of the s	-20011 16400

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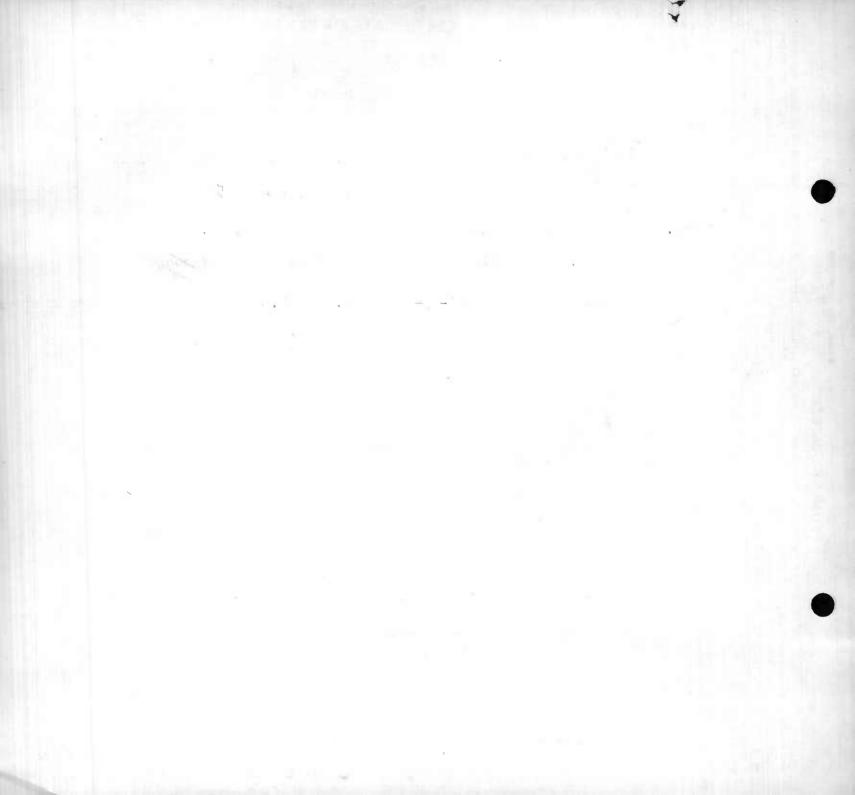


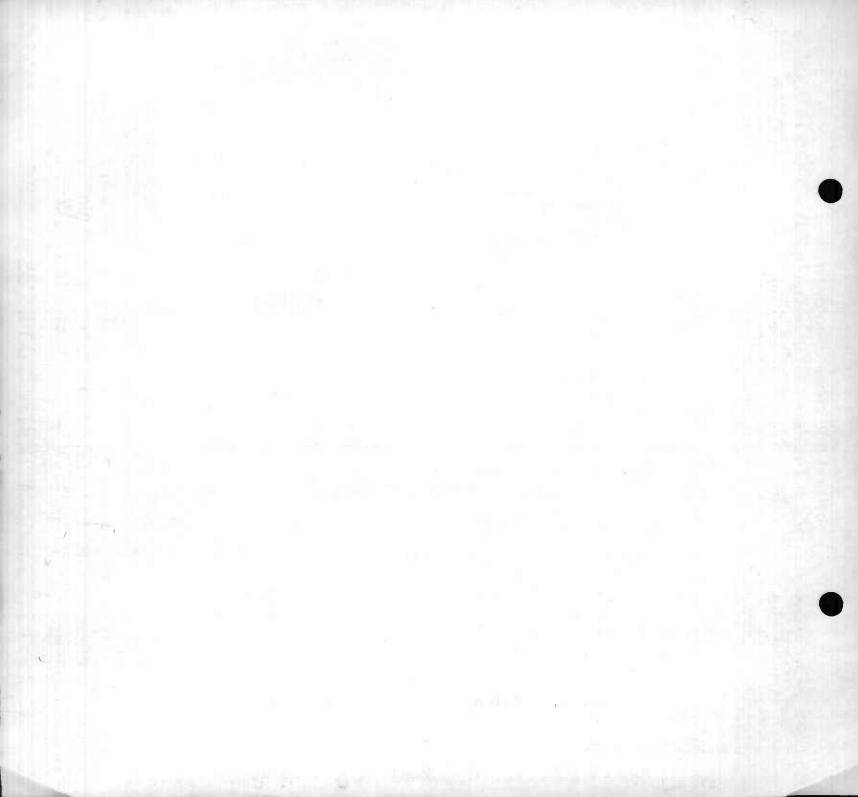
VS 150-REV. 1/1/65

	BALTIMORE CI	TY HEALTH DEPARTMENT	00 00495
BIRTH NO. 66 USI	.35 CERTIFIC	ATE OF DEATH Registe	ored No. 66 US135
N.E. CASE NO. INAME OF DECEASED  Type of ARKER G	erald M.	2, DATE AND HOUR OF	66 5 P
FULL NAME OF (If not in hosp)	MARYLAND (ital or institution, give street	4. USUAL RESIDENCE (Where Deceased A, STATE B, COUNTY Maryland	lived. If institution: residence before admiss
HOSPITAL OR oddress or loc institution  3 The Johns Hopk		BAlto Md 21	its, write RURAL ond give township)
		D. STREET ADDRESS (If rurol, give to 2308 Robb S	7. 9-08
M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married work 108, KIND OF BUSINESS OR INDUST	B. DATE OF BIRTH  7-21-18  9. AGE (In s) lost birthdoy)	
Dental Tech.		Balto., Maryland	WHAT COUNTRY? U. S. A.
James E. Parker		14. MOTHERS MAIDEN NAME Hattie Dorsey	
. Was Deceased Ever in U. S. Armed es,no or unknown) (If yes, give wor or	Forces? dotes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT Florine E. Parker -	ADDRESS 1837 E. 29th St.
Yes 18. 144 X 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA		11. 4	ONSE! AND DEATH
ANTECEDENT CAU  DISEASES OR CONDITIONS, rise to the obove cause ( UNDERLYING CONDITION lost.	if any, giving	etastatic carceia reciona of the la	Ipolati Zm
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT F DISEASE OR CONDITION CAUSIN	RELATED TO THE MENTER	Bellia Jo Methotre	tale I week
21 July 66 The		in CERTIF	S. WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?  THE PROPERTY OF THE PROPERT
21D. TIME (Month) (Doy) (YOU (APPROX.)	While At At Work		R?
that (I) (we) last saw the dece	()		(out) opinion dearn occurred on the
23A. SIGNATURE		Attending Med. Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Wil	liam B. Iams	The Johns Honking Hos	pital
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8-12			(City, town, or county) (Sto
SA. DATE RECAUGHETLU 1956	1858 NAME OF RECOGRAD	25C. FUNERAL DIRECTOR	ADDRESS



VS 150-REV. 1/1/65





IMPORTANT

DIRECTOR:

FUNERAL

Samuel Garlic 213-19-11/24

Eliga mortin

Bareal 8-10-64 Or Gentera Warmona Buth 1916

BALTIMORE CITY HEALTH DEPARTMENT

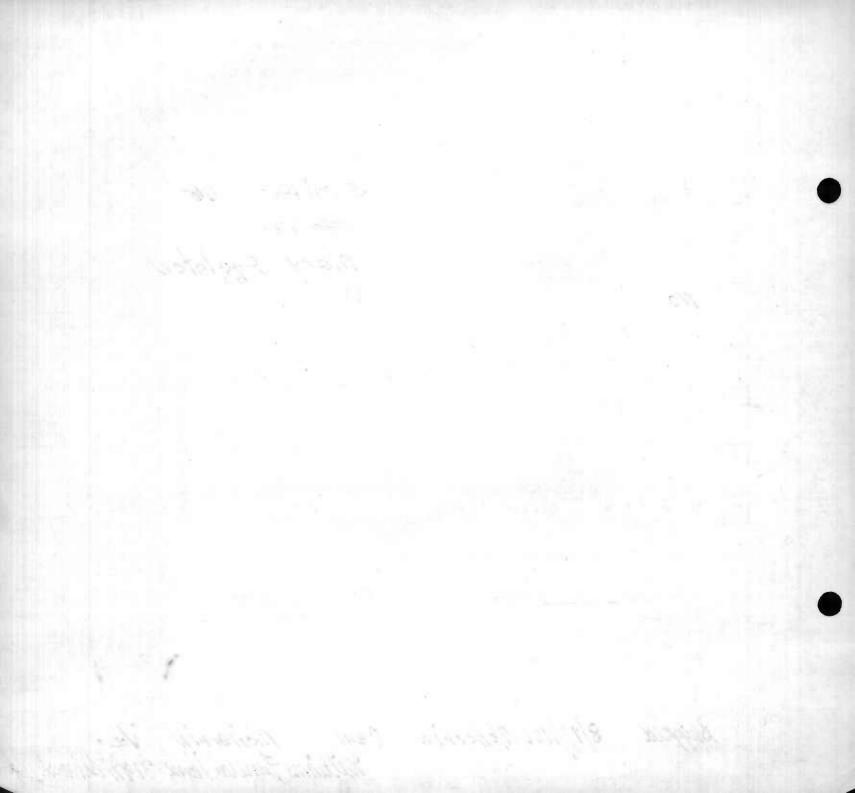
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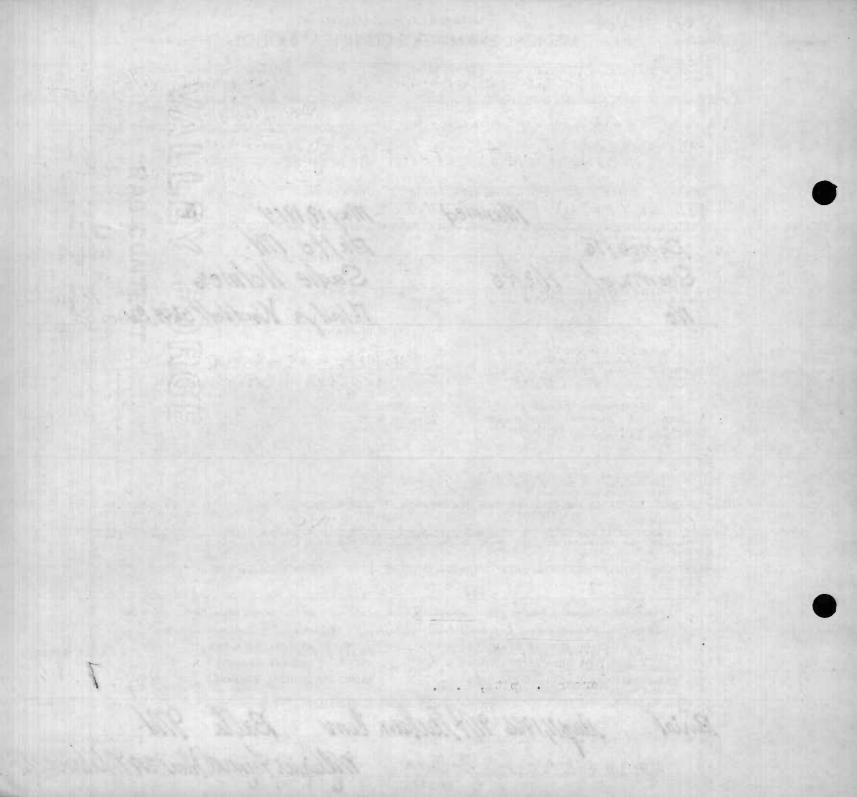
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00 00	7.17	BA	LTIMORE CITY HEA	LTH DEPARTMENT	Т		60 U	81.41
BIRTH NO.	MEDI	CAL EXA	AMINER'S C	ERTIFICAT	E OF DE	ATH Registe	red Na	
M.E. CASE NO.								
1. NAME OF DECEA	ASED	T. III E			2. DATE AND H	OUR PRONOUNCE	ED DEAD	
Trype of Tilling	ALBE	RT	WILSO	N	Augus	st 7, 1966	5	5:50 P M.
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDE	NCE (Where dece	osed lived. If inst	itution: resider	nce before odmission)
	45 NOT IN HOSPITA		IONI CINE STREET		ryland	<b>5.</b> CO 0		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	TION)	ION, GIVE SIKEEI	C. CITY OR TOW	/N (If outside cor	porote limits, water	RURAL ond	give township)
INSTITUTION				Ва	ltimore	4	-0	A management
South B	altimore Ge	neral	(DOA)	D. STREET ADDRE	ESS (If rurol, give	locotion)		
149			(/	72	7 W. Fair	monnt Ave	enue	
5. SEX 6.	RACE		EVER MARRIED	8. DATE OF BIRTH		ost birthdoy)	If Under 1	Yr. If Under 24 Hrs. oys   Hours   Min.
Male	Negro	WIDOWED, BI	VORCED (specify)	A1112 G	1020	34	/vionins   Di	bys Hours Ivin.
IOA. USUAL OCCUP	ATION (Give kind of work	TOB, KIND OF	BUSINESS OR INDUSTR	YN1: BIRTHPLAGE (S	State or foreign co	untry)	12. CITIZEN	OF
done during most of wor		120		Dolto	mi		WHAT	COUNTRY?
13, FATHER'S NAME	5 pr			14. MOTHER'S MA	AIDEN NAME			
0.6	-+ W.1	2.4/		1 0/5	Timelas	. /		
SCENED SECTION	EVER IN U.S. ARMED	SON SON	6. SO CIAL	17. INFORMANT	TIVIVE	<i>y</i>	ADDRESS	
(Yes, no or unknown) (If	yes, give wor or dote		SECURITY NO.			1	1.1	1/1
YOS /	2-1-1902 6 12-	-20-1954	218-23-1428	Emmo	2 Frisp	v 7271	W. Fizi	" mount Av
/18.	0.0		CAUS	OF DEATH	/			NTERVAL BETWEEN
DISEASE	OR CONDITION DI	RECTLY					ľ	MASEL AND DEATH
L	EADING TO DEATH		(A)	Drowning				
(This does not heart failure, o	meon the mode of sthenio, etc. It meons licotion which coused	dying, e.g., the discose.	DUE TO		e			
injury or comp	licotion which coused	deoth.)					F 1 ( )	
AN	TECENDENT CAUSE	S	4.00					
DISEASES OF	CONDITIONS, IF A	NY, GIVING	DUE TO					
	CONDITION LAST.	A III O III						
Z			(C)				•	
OTHER SIGNIE	II FICANT CONDITIONS	CONTRIBUTING	2					
TO THE DI	EATH BUT NOT RE	LATED TO THE						
-	PERATION CAUSING		HICH OPERATION	20A ALITOPSY2	(Yes or No) 208	IF YES, WERE FIL	NDINGS COL	NSIDERED
8	WAS PER				IN	CERTIFYING CAUS		
ZIA. EXTERNAL	CAUSE WAS	21 B. PI	ACE OF INJURY (e.g.,	in or obout 21C. W		Yes Baltimore City, gi	ve exoct loca	otion)
UNDERLYING CAUSE		lhome,	torm, toctory, street,	office bldg., INJURY	OCCUR? Cit	y Sewerag	ge Plan	
¥			ulkhead	215 110	,	gner point	-	55-00
OF INJURY	Month) (Doy) (Yeo		INJURY OCCURRED		W DID INJURY			
	ust 7,1966	2: TOP W. W.	ORK NOT	WHILE X Fe	ell into v	vater		
22.	y that I held an I	nguiry	Inspection Au	topsy X and	that an this be	asis, death in n	ny opinion	
	d fram: Natural ca		cident X Suicid			etermined mann		
1030116	100000000000000000000000000000000000000	AC	Sorett		EDICAL EXAM			
ACTUAL	( Sando		)					DATE SIGNED
SIGNATUI	RE COUCE	- V.	Sec M. C	ASSISTANT ME			Δ11011	st 8, 1966
EXAMINE NAME (Ty	(pe) Charle		ingate, M.D.		MILLER			
23A. BURIAL CREM	ATION, 23B, DATE	/s 23C.	NAME OF CEMETERY	OF CREMATORY	23D. LOCA	ITION (City,	, town, or cou	unty) (Stote)
Buria	8/22/16	16 /3	alto Nort	ioNed /12	m. 130	110 M	0	
24A. DATE REC DA	HEALTH DENT	248 NAME O	F REGISTRAR	24C. FUNERA	AL DIRECTOR	1 - 1 - 1	AD	DRESS
A	og To 1966	Poluli	E. tarbeyma	Willia	ns Fund	cal Home	3199	Schooly Si
VS 151-REV. 1/1/65	N 990	177 6	000		0 0		1 1 1 1	

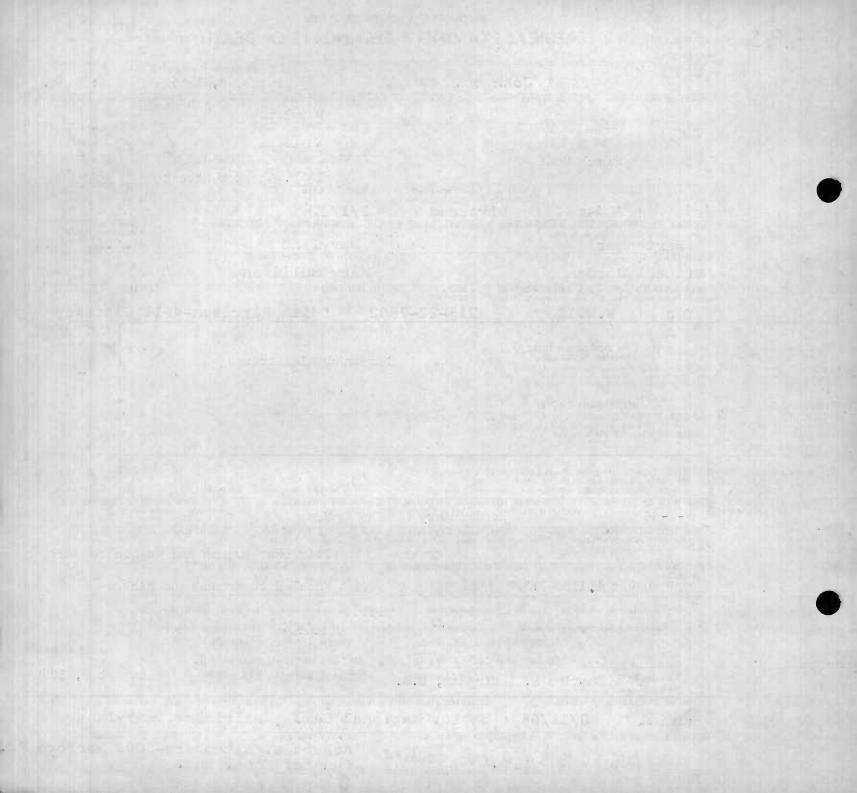
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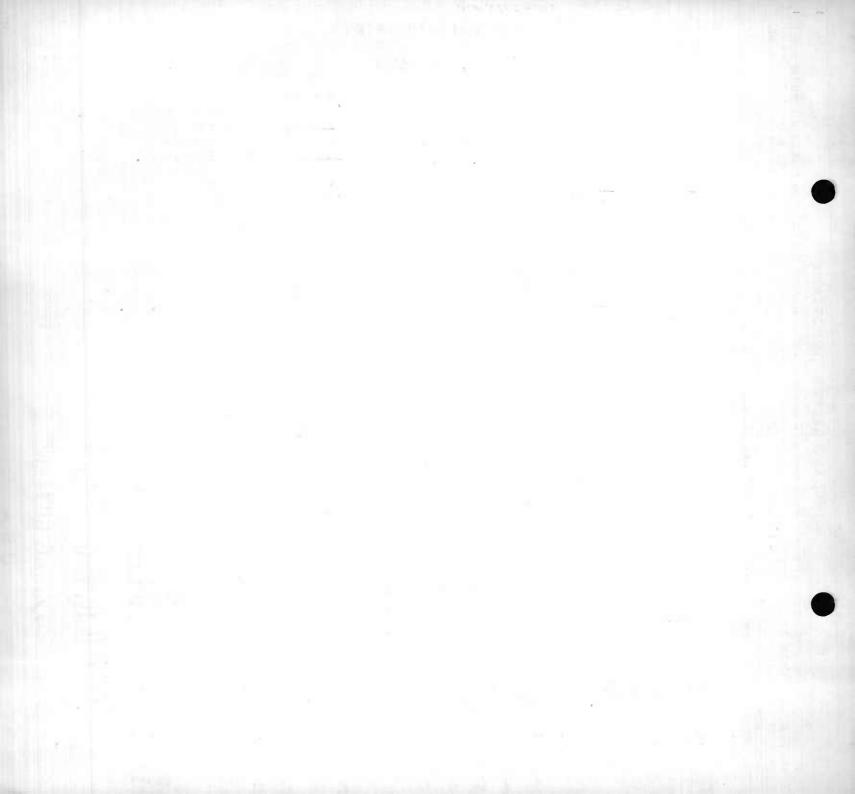
BIRTI	MEDICAL EXAMINER'S C	ERTIFICATE	OF DEA	H Registere	ed Na	
	CASE NO.					
T. N (Typ	ame of Deceased Bertha Goulman	2. D	/1	UR PRONQUINCED	6/66	840P M
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Where deceased	B. COUN	ition: residen	ce befare a mission)
HOS	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL OR ADDRESS OR LOCATION)		tours	prate limits, write	RURAL and	give tawnship)
0	930 W. Fayette Street	3	(If rural, give I	ocotion)	He s	trus
5. SE	emale Coline 1 7. MARRIED, NEVER MARRIED WIDO WID, DIVORCED (specify)	8. DATE OF BIRTH  May 19, 19	9.	AGE (In years st birthday)	If Under 1 Manths Da	Yr. If Under 24 Hrs. ys Hours Min.
IOA. dane	USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)		or foreign coun	itryl	12. CITIZEN WHAT	OF COUNTRY?
13, F	ATHER'S NAME	14. MOTHER'S MAIDE	N NAME			
	Sormael Hicks	Sadie	Holm	108		
	AS DECEASED EVER IN U.S. ARMED FORCES?  no arunknawn) (If yes, give war or doles of service)  SECURITY NO.	17. INFORMANT	WIL	1 11	ADDRESS	Phila. Pa.
li	B. CAUSE	OF DEATH	Noral	9/ Seat	Seatis	TERVAL BETWEEN
	H 201 1	- 0	_	,		SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	lerro sele	estre	Cardo	0-	
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	scular	dise	ase		
	ANTECENDENT CAUSES					
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	************************				••••••••
-	UNDERLYING CONDITION LAST.					
<u>é</u> -		***************************************		**********		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
CERT	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes		F YES, WERE FINE		
U	NDERLYING ☐ OR CONTRIB- ITING ☐ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERI	E DID (If in B	oltimore City, give	e exoct locati	on)
Σ	1D TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED  F INJURY APPROX.) WHILE AT NOT	WHILE	DID INJURY O	CCUR?		
	22. I certify that I held an Inquiry Inspection A Details		ıt an this bas	is, death In my	apinian	
	resulted fram: Natural causes Accident Suicid			ermined manner		
	ACTUAL Mismes h. 32-6	CHIEF MEDIC				DATE SIGNED
	EXAMINER'S Werner U. Spitz, M. D.	ASSOCIATE MEDIC			luy,	1.66
	BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY O	CREMATORY	23 D. LOCATI	City, t	own, ar coun	ty) (Statel
24A	DATE REC'D BY HEALTH DET. 248, NAME OF REGISTRAR	24C. FUNERAL DI	BALL	t. 7/16	ADD.	PRESS
	AUC S D SOCC O A C O To D. MA	9/10:	1 Fred	0031	21291	leheard to
VS .	AUG 1 0 1966 (12 ) TOWARD TO STANKE TO THE STANKE THE S	W W W W W W W W W W W W W W W W W W W	staguer	ac/nome.	XY /1:/S	MININGER /SI



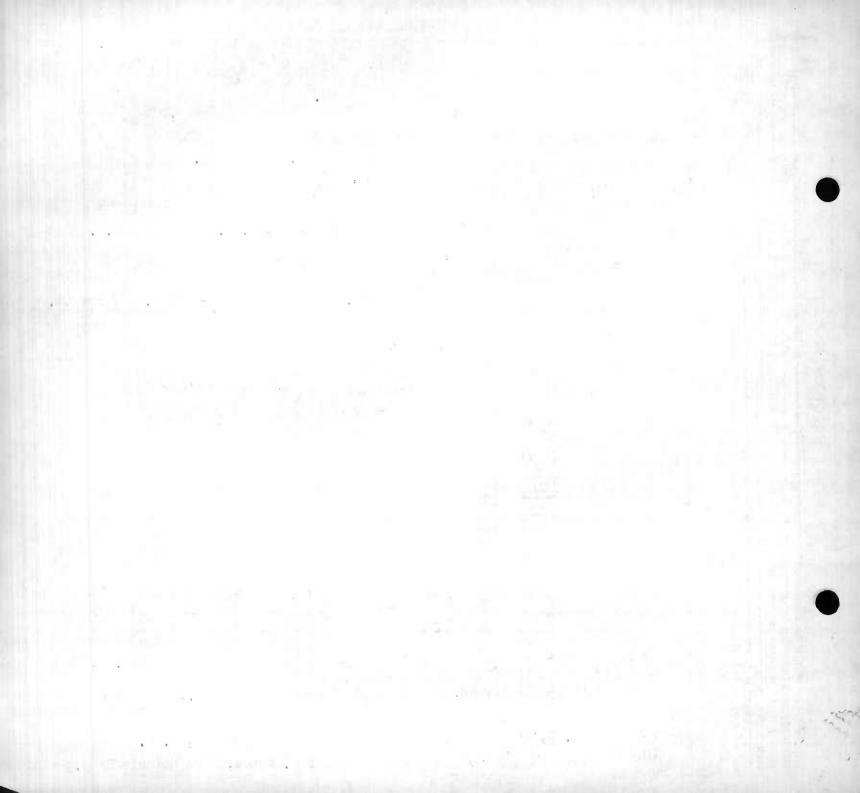
BIRTH NO.	MEDI	CAL EX	AMINER'S CI	RIFICA	IE OF L	EAIH Register	red No	
M.E. CASE NO.								
. NAME OF DECE Type or Print)		John	JORDAN			st 8, 1966		25 A. M.
PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If insti B. COU	tution: residence	before odmission
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	M.	aryland			
OSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TO	OWN (It outside	corporate limits, write	RURAL ond giv	to was hip)
45	Charach Hama		THE REAL PROPERTY.		altimore		-0	1
24	Church Home				DRESS (If rurol,			
SEX 16	. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	Tif Under 1 Yr.	If Under 24 Hrs
Male	Wnite	WIDO WED,	OIVORCED (specily)			lost birthdoy)		Hours Min.
			FORCED BUSINESS OR INDUSTRY	1/1/27			12. CITIZEN OF	
ne during most of wo	orking life, even if retired)						U.S.A	UNTRY?
Barte FATHER'S NAME				Maryl 14. MOTHER'S /	MAIDEN NAME		U.5.A	•
Michael	Jordan			Mary S	ullivar	1		
WAS DECEASED	EVER IN U.S. ARMED	FORCES?		17. INFORMANT			ADDRESS	
	If yes, give wor or dote	s of service)	215-22-790	2 54	ith Was	crison-46	12 (125	AMAN
Yes	W.W.II			OF DEATH	II til IIdi	115011-40.		EWEY BETWEEN
478	O'XI		CAUSE	OI DEATH				ET AND DEATH
DISEASE	OR CONDITION DIS LEADING TO DEATH	RECTLY			nial tra			
DISEASES O RISE TO THE UNDERLYING	R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.	NY, GIVING THE						
TO THE D	CONDITION CAUSING		HE					
19A. DATE OF 8-2-66	OPERATION 198. CON WAS PERI	DITION FOR V	which operation d injury	20A. AUTOPS	Y? (Yes or No)	OB. IF YES, WERE FIN	DINGS CONSIDERS OF DEATH?	DERED
UNDERLYING	CAUSE WAS	21 B. I	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21 C.	WHERE DID (	f in Boltimore City, giv	e exoct location	)
UNDERLYING AUS	E OF DEATH.	etc.)	Street	-		avenue and I	Jashingto	n street
	(Month) (Doy) (Year	) (Hour) 2	IE INJURY OCCURRED		ULNI DID WOL			
(APPROX.) Aug	ust 1,1966 7	:30P w	HILE AT NOT AT W	WHILE X Kn	ocked to	ground and	kicked	
22.	fy that I held an 1r			77		s basis, death in m		
	ed fram: Natural cau		ccident Suicide		P. P.	ndetermined manne		
	130 0				MEDICAL EX			
ACTUAL	IRE Charle	3 1.0	Di Ech M.D.	ASSISTANT	MEDICAL EX	AMINER X		TE SIGNED
EXAMINE NAME (T	. Unalles		ngate, M.D.		MEDICAL EX	AMINER	August	8, 1966
Burial CREM Burial			Balto. Natio			cation (City,	Marylan	
4A. DATE REC'D			OF REGISTRAR		RAL DIRECTOR	7.1	ADDRE	
	AUG 1 0 1966	120. 6	j E. Farbeyma			Altenburg-	-6009 H	ariord
S 151-REV. 1/1/6		Novax		Fune	ral Hon	me, Inc.		
	A/ DE A	2.3 3	1 1 1 1 1 1	: 1	1 8 16			



BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  BABY BOY KESS. Priscilla	Registered Na.	66 08145
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  BABY BOY KESS, Priscilla  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Wh. A. STATE B. COU	ND HOUR OF DEATH	
(Type or Print) BABY BOY KESS, Priscilla	8/8/	1/200
14. OSUAL RESIDENCE INTE	ere deceased lived. If i	nstitution; residence before odmis
	NTY	
FULL NAME OF (If not in hospital or institution, give street address or location)		
HOSPITAL OR oddress or locotion)  C. CITY OR TOWN (If o		RURAL and give township)
	rurol, give locotion)	7 00
BACTIMORE CITY HOSPITAL D. STREET ADDRESS (1) 4940 Eastern Avenue Balto., Md.#21224 How E 244		Ave. #21218
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH		If Under 1 Yr. , If Under 24
WIDOWED, DIVORCED (specify)	9. AGE (In years lost birthdoy)	Months Doys Hours M
Male Regro Single 8/7/66  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or for		3
done during most of working life, even if refired)	eign country)	12. CITIZEN OF WHAT COUNTRY?
- MARYCAN	ノン	USA
13. FATHER'S NAME	ME	00,,
CHARLES KESS PRISCI	1101	0141~0
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT	CLA O	AINES
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH	4940 Easter	n Avenue
		e, Md. #21224
18. CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., DUE TO ATECECTAS	ONARY	
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	15	
I define the second sec		
ANTECEDENT CAUSES  (B) PREMATUR	1.7.4	
OUSTAGES OR COMPUTIONS IS		
use to the obove couse (A) stoting the UNDERLYING CONDITION lost.	CORD	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
E TO THE DEATH BUT NOT RELATED TO THE		
	0) 208 IF YES WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION YES	IN CERTIFYING CA	USES OF DEATH?
		re City, give exoct locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?		71 8
No	NO	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN While At Not While	JURY OCCUR?	
(APPROX.)  While At Work  Not While At Work	Property and Prope	
22. I certify that (1) (this haspital) attended the deceased from 9597M 8/7	19 66 10 19	69 AM 86106
4 - 000 4 - 4		inian death accurred an the
		death accurred an the
ond hour and from the causes stated abave (1) (We) (did) (did not) view the body after death.		lean Bass eleven
23A. SIGNATURE HOUSE STAFF	Note:	23B. DATE SIGNED
Hancel J (affeisa M.D. Attending Med. Director )	Staff Phys.	8/8/66
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS Baltime	ore City Hos	pitals
DANTET OF DATEDONI		
1 4740 Bastelli		timore, Md. #212
0.10.14.4	BALTIMOR	
CREMATED 8/8/66 BALTIMORE CITY HOSPITALS 1	1940 EASTE	DN AVENUE
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTO	R'	ADDRESS "
1300 (12 per 2 - 12 years)		
VS 150-REV. 1/1/6S	1	



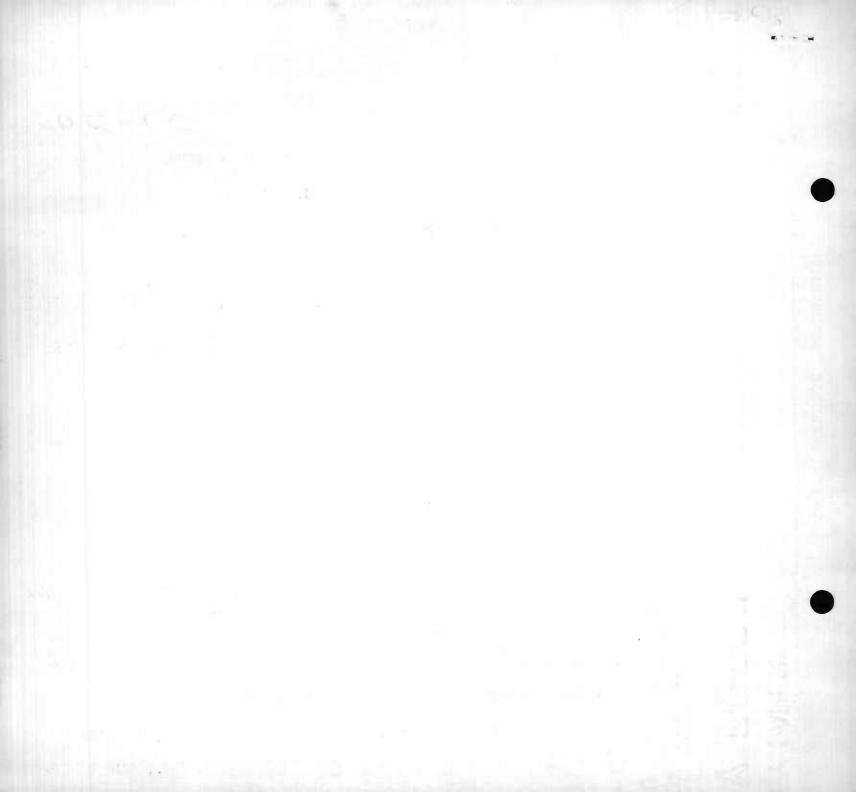
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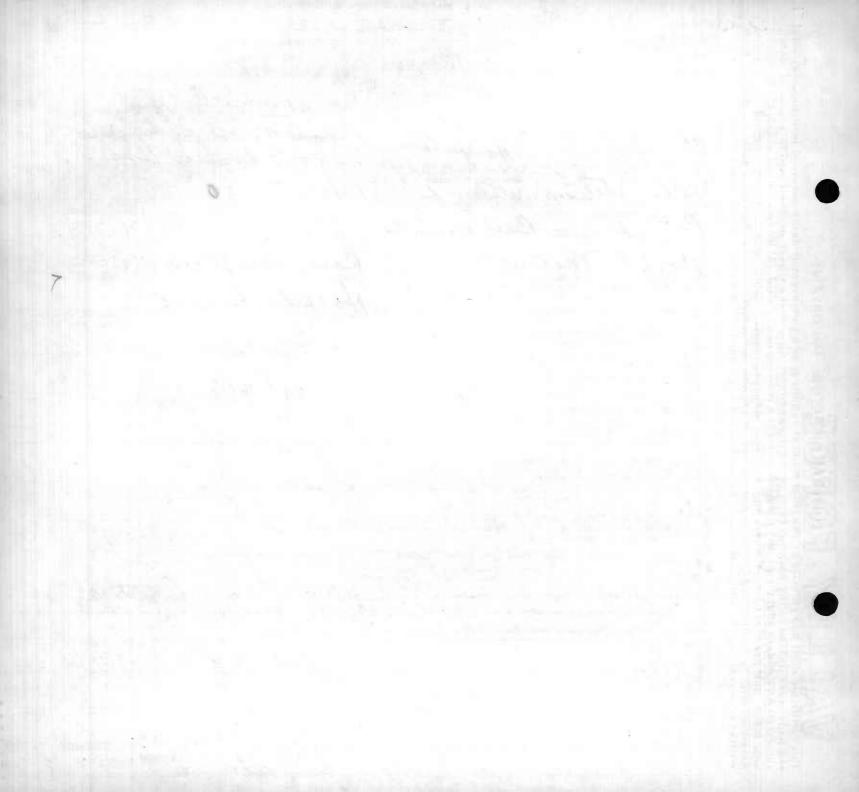


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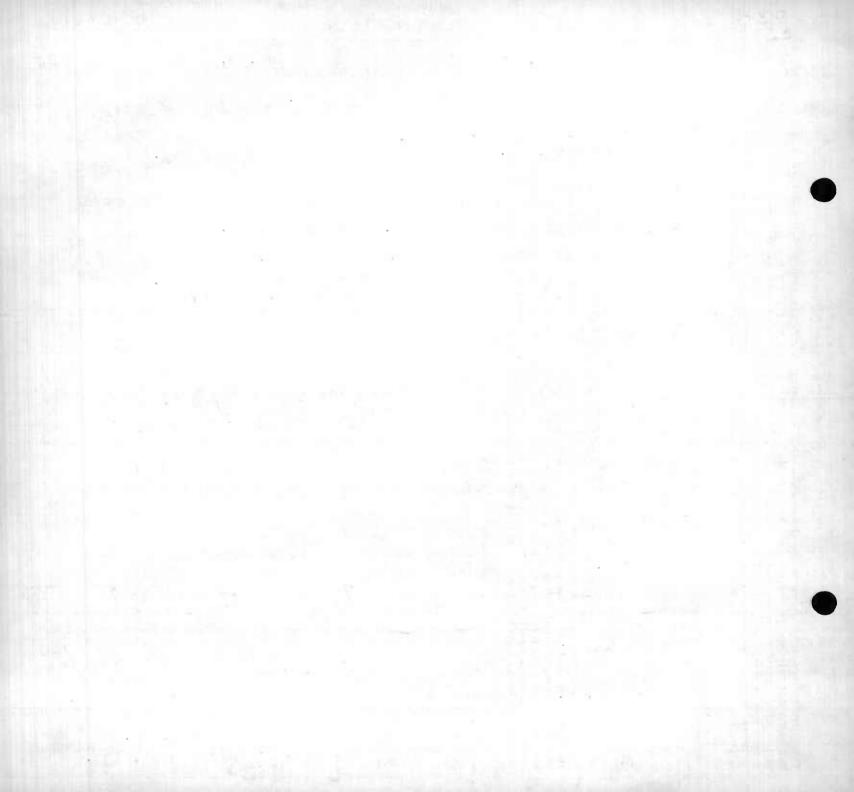
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FUNERAL

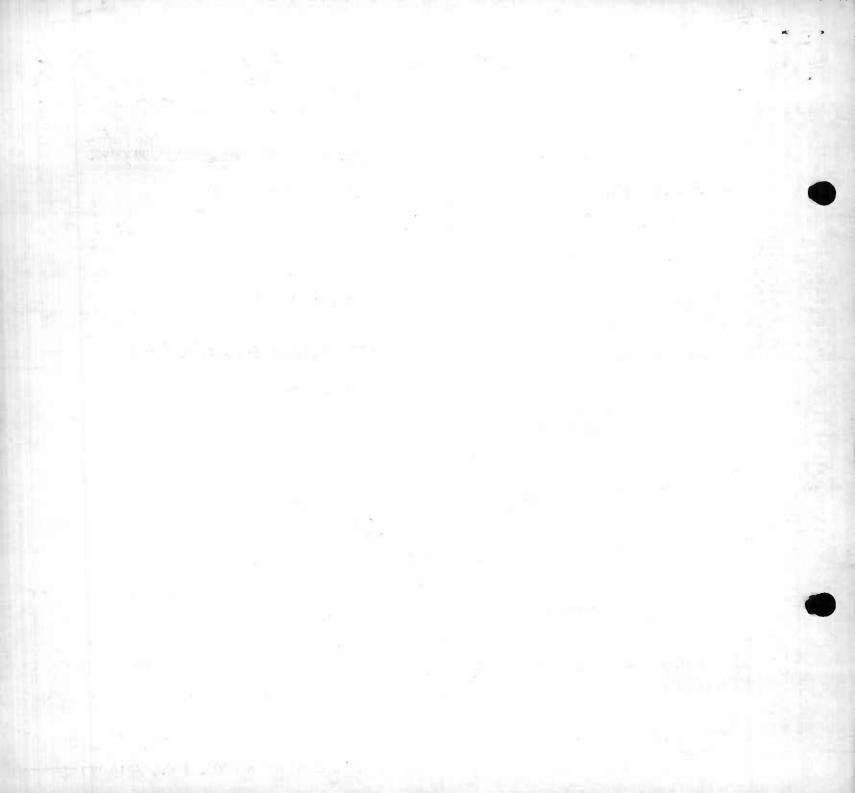




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VS 150-REV. 1/1/65



REMOVAL (Specify) Burlat

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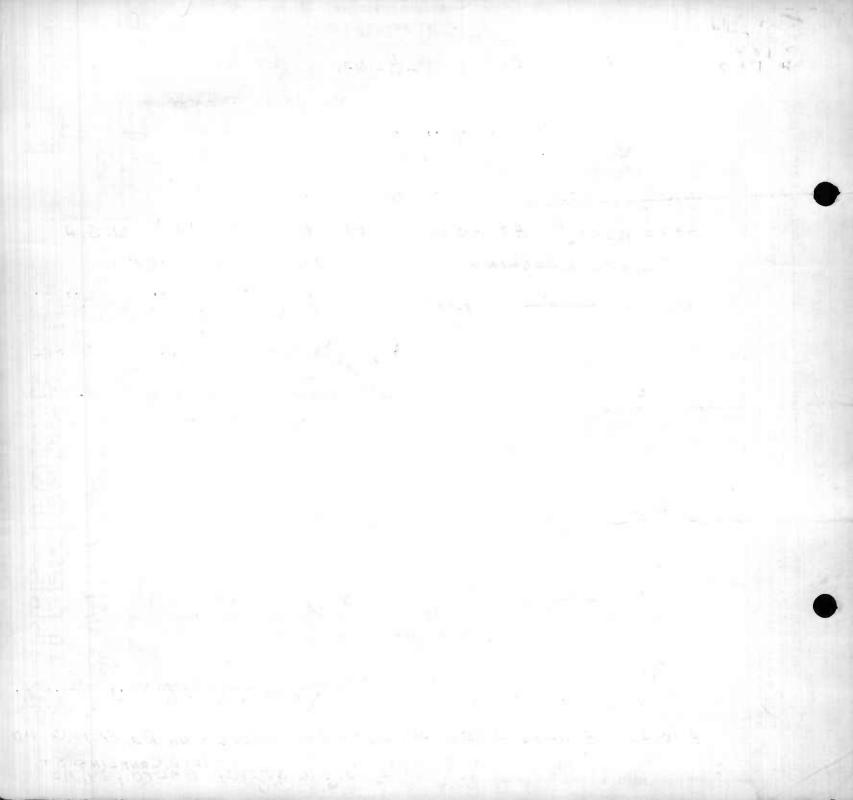
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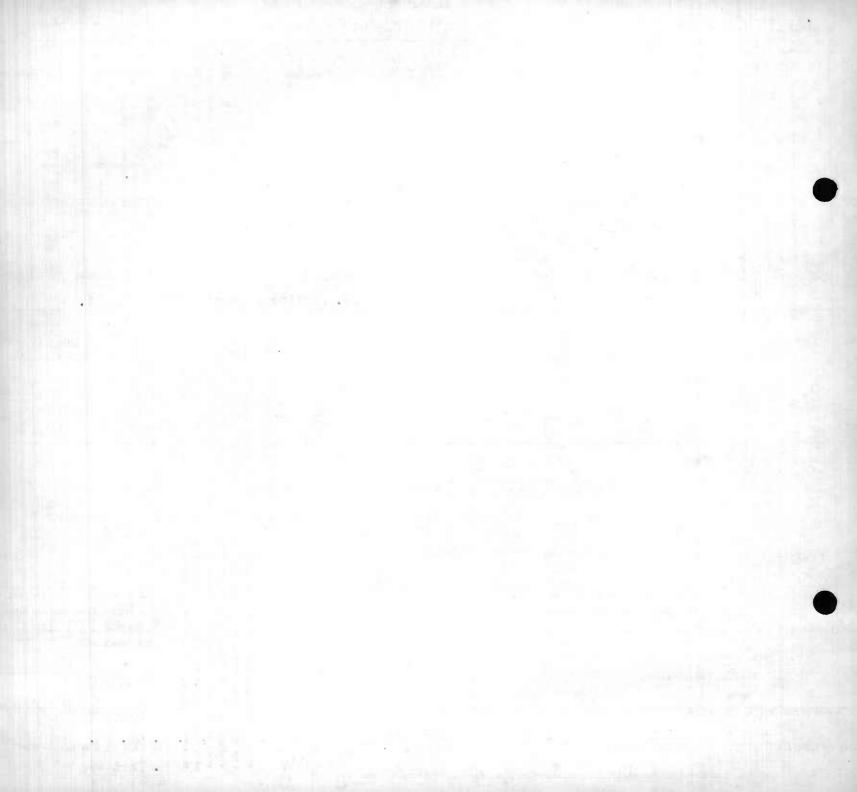
ST MD, 24C. FUNERAL DIRECTOR 6224 EASTERN AUE .

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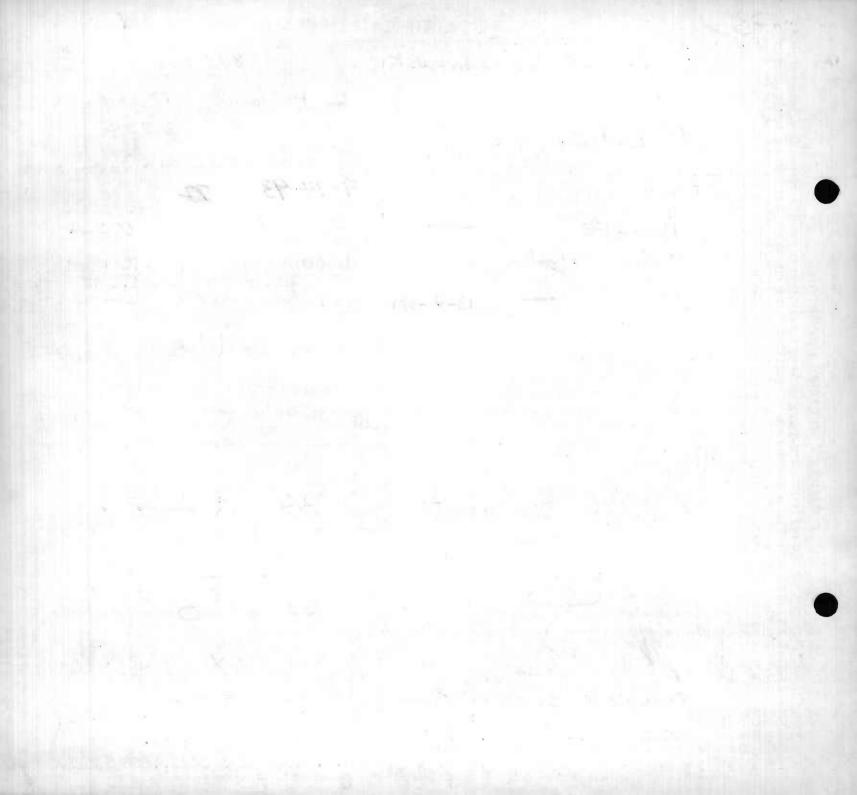
Letter from Dr. Charles S. Springate, Asst. M. E. dated 8/31/66



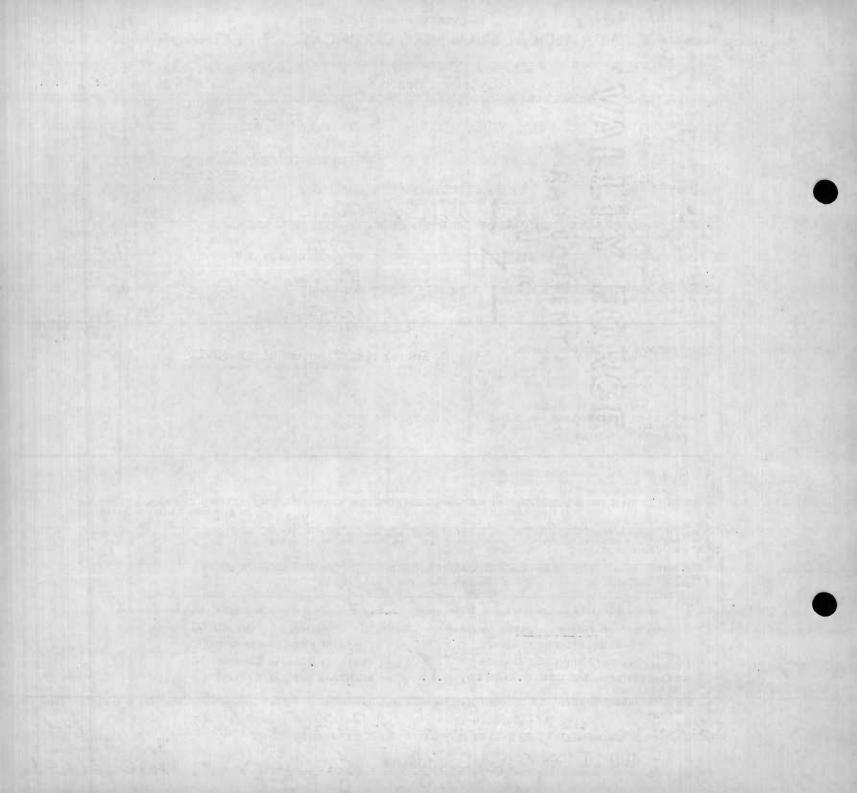
5	66 US153 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 US153
Confession	NO. CASE NO. CASE NO.
1.	or Print) HE/EN h. Trust 2. Date and Hour of Death 8-8-1966 13:308.
3.	ACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis B. COUNTY  A. STATE  B. COUNTY  C. CITY OR TOWN (Woutside city limits, write RURAL and give lawnship)  The state of the s
	outh Baltimore GENEral Hosp 1711 13 E/t St.
5.	F. White WIDOWED, DIVORCED (specify) 9-4-1896 lost birthdoy) Month's Doy's Hours Mi
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Housewife  At Home  At Home  14. MOTHER'S MAIDEN NAME
	Unseph Yeaver. Theresa
Ý	as Deceased Ever in U. A. Armed Frices? No N
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dying, e.g.,  DUE TO
	neorl foilure, osthenio, etc. It means the disease, nipury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving ise to the obave cause (A) sloting the (C)
ATION	JNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAU SING IT.
EDTIEL	9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O IV	1A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)  PRICATH (notity medical examiner) (If in Boltimore City, give exact location)  PRICATH (notity medical examiner) (If in Boltimore City, give exact location)
AAEDI	1D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work At Work
	2. I certify that (#)(this hospital) attended the deceased fram 2-2 19 66 to 5-8 19 6 hat (#)(we) last saw the deceased alive an 19 6 and that In (#) (aur) apinian death occurred an the nd have and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.
	3A. SIGNATURE  M.D. Attending Med. Director Phys. B 8-8-66
2	BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) Sid
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Side Removal (Specify) 8 13 1966 Cedar Hill Brooklyn, A. A. Co. Md.  DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	AUG 11 1966 P. C. E. Fort Ave



-	1-1.	CC DC454 BALTIMORE CITY HEALTH DEPARTMENT
C -	-625	BIRTH NO. 66 US154 CERTIFICATE OF DEATH Registered No. 66 US154
	and eath esed the Such	M.E. CASE NO. (Bronislawa)  1. NAME OF DECEASED (Bronislawa)
h-	- 0 0 L	(Type or Print) Bernice Chrzanowski 8/8/66 65 Pm.
1	of of the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	Sp (5) E	
	a ho ause e; (5 ndai	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	ca Seen to	Mary land Beneral Hospital Baltimore. 21224
	ng cau	Linden & Madison D. STREET ADDRESS (If rurol, give location)
	0.10	Butto, Md. 2312 Boston St
	tribut mined gular sed p	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs. Months; Doys Hours; Min.
	occul ontrib regul sased	Female Caucasian wichowed 9-14-73 72
	00 - 0	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
	or and definition	Housewife - Poland Vis.A
	D to O	13. FATHER'S NAME
<u> </u>	nt if death direct or c ; (4) Undet h was in in the deci	Andrew Sobotka (Sobotka) Antoinette Remit (Renik)
Z	_ ~ 77 7 7 0	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service)  16. SOCIAL SECURITY No. 17. INFORMANTWalter Chrzanowski, 290 Ross Boston
E	the the kind dea nce final	No - 213-34-3719 Hospital Record Same as #3
IMPORTAN	if if any sed dan or f	18. CAUSE OF DEATH INTERVAL BETWEEN
9	his fa nc enc d	DISEASE OR CONDITION DIRECTLY
<b>S</b>	Als nound me	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  Due To  Due To
23	er.	heart failure, asthenio, etc. II meons the disease,
Ö	a c a n in	injury or complication which coused deoth.)  ANTECEDENT CAUSES  AGOS Gaugneen-  Sdays
5	A fr	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenio, etc. II means the discose, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the (C) addresse
M.	3) (2)	rise to the above couse (A) stoting the (C) disease
DIRECTOR:	dical dical or sician was in mains	UNDERLYING CONDITION last,
	dical dical urns; ysició was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
FUNERAL	Eoderr	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Ш	hice d'e	
5	e X + B	\$ 1166 Comprey. (R) lea NO
1	the (2) (2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING   (21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, loctory, street, office bldg., INJURY OCCUR?
	アキッチブロ	
	d b osp osp itur (6)	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	hosed nature cept id (6)	(APPROX.) Work AT WORK
	the an obt	22. I certify that (I) (this hospital) attended the deceased from 7 -20 19 66 to 8 /8 19 60,
	T 00	that (LV (we) last saw the deceased alive an 7 / 8 19 66 and that in (my) (Gur) apinion death occurred an the date
		and hour and from the causes stated abave (We) (did) (did nat) view the body after death.
	dent dent ospit deat	23A. SIGNATURE  A.D. Attending Med. Stoff Of COLO
	must eleas ccide ccide to do to do	Phys. Director Phys. S 8/8/66
	y was rely was rely An accided a prior to approval	23C. ATSICIAN'S NAME (Type)
	certificate body was vs: (1) An a D.O.A. at assed prior	STANLEY LEONARN DLUM.M.D. Same as It 50
	E 7 0 0 -	24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City November 1) (Stote)
	book with the reason of the re	Burial 8/12/66 St. Stanislaus Baltimore, Md.
	This certif the body shows: (1) was D.O./ deceased	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  M.F. SADOWSKI & SONS, 1808 EASTERN AVE
	-+ w > 0 >	
		VS 150-REV. 1/1AUG 11 1900 (Carbon)



3. PLACE IN BALTIMORE, MARYLAND, WHERE PR  FULL NAME OF HOSPITAL OR INSTITUTION  City Hospitals  5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED WED, DIVORCED (specify). ND OF BUSINESS OR INDUSTR  S? (S? (S)  16. SOCIAL SECURITY NO.  CAUSE  Inters	A. USUAL RESIDENY A. STATE Mar C. CITY OR TOWN  D. STREET ADDRES:  B. DATE OF BIRTH  April  11. BIRTHPLACE (State  14. MOTHER'S MAID  L. MA  17. INFORMANT  Mother  OF DEATH		E RURAL and give townsh	M. Min sion)  ip)  24 Hrs. Min.
City Hospitals  5. SEX  Male  White  10A. USUAL OCCUPATION (Give kind of work Job. Kind done during right of working life from if refired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or dotes of ser LEADING TO DEATH  (This does not mean the mode of dying head foilure, osthenio, etc. It means the disinjury or complication which coused deoth.)  ANTECENDENT CAUSE  DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING	RRIED, NEVER MARRIED WED, DIVORCED(specify). ND OF BUSINESS OR INDUSTR  S? S? S? SCURITY NO.  CAUSE  Inters	Mar. C. CITY OR TOWN  D. STREET ADDRESS  B. DATE OF BIRTH  April  11. BIRTHPLACE (Stot)  14. MOTHER'S MAID  17. INFORMANT  Mathe  OF DEATH	yland (If outside corporate limits, write Baltimore s (If rurol, give locotion) 113 Selfridge Ro  9. AGE (In years last birthdoy) te or foreign country)  DEN NAME  Munique	d.  If Under 1 Yr, If Under Months, Days Hours  12. CITIZEN OF WHAT, COUNTRY?  ADDRESS  JUNEARY AL BE	24 Hrs. Min.
To sex  6. RACE  Midow white  10A. USUAL OCCUPATION (Give kind of work) 0B. Kind on during host of working life fred  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no grunknown), (If yes, give wor or dotes of ser LEADING TO DEATH  (This does not meen the mode of dying, heart foilure, osthenio, etc. It meens the dis injury or complication which caused deoth.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING	S? Vice)  16. SOCIAL Vice)  16. SOCIAL VICE  SECURITY NO.  CAUSE  Inters	B. DATE OF BIRTH  April  11. BIRTHPLACE (Stot)  14. MOTHER'S MAID  17. INFORMANT  MATHE	(If rurol, give locotion)  113 Selfridge Ro  9. AGE (In years last birthdoy)  te or foreign country)  DEN NAME  Munique	If Under 1 Yr, If Under Months Days Hours 4  12. CITIZEN OF WHAT COUNTRY?  ADDRESS  Same INTERVAL BE	Min.
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LEADING TO DEATH  (This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dis injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVENES TO THE ABOVE CAUSE (A) STATING	e.g., (A)	titial pneu	monitis (SDII)	ONSET AND	DEATH
(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the disinjury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING	e.g., (A)	CICIAI PHEG	monicis (SDII)		
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING	e0\$e,				
DISEASES OR CONDITIONS, IF ANY, GIV					
RISE TO THE ABOVE CAUSE (A) STATING	(B)				
NOIT	(C)				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Y	es of No.) 20B. IF YES, WERE FI		
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHE office bldg., INJURY O	RE DID (If in Boltimore City, gi	rive exoct location)	
21D TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21 <b>F. HOW</b>	DID INJURY OCCUR?		
(APPROX.)	m. WHILE AT NOT	WHILE O			
22. I certify that I held an Inquiry	Inspection	topsy K and th	nat on this basis, death in r	my opinian	
resulted from: Natural couses X	Accident Suicid			er _	
ACTUAL MUS 01	611		ICAL EXAMINER	DATE SIG	NED
SIGNATURE VICTOR	Spitz, M.D. M.D		ICAL EXAMINER 🗵	8/9/	66
NAME (Type)					
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City	/, town, or county)	Stotel .
24A. DATE REC'D BY HEALTH DEPT 24B, N	IAME OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS	-

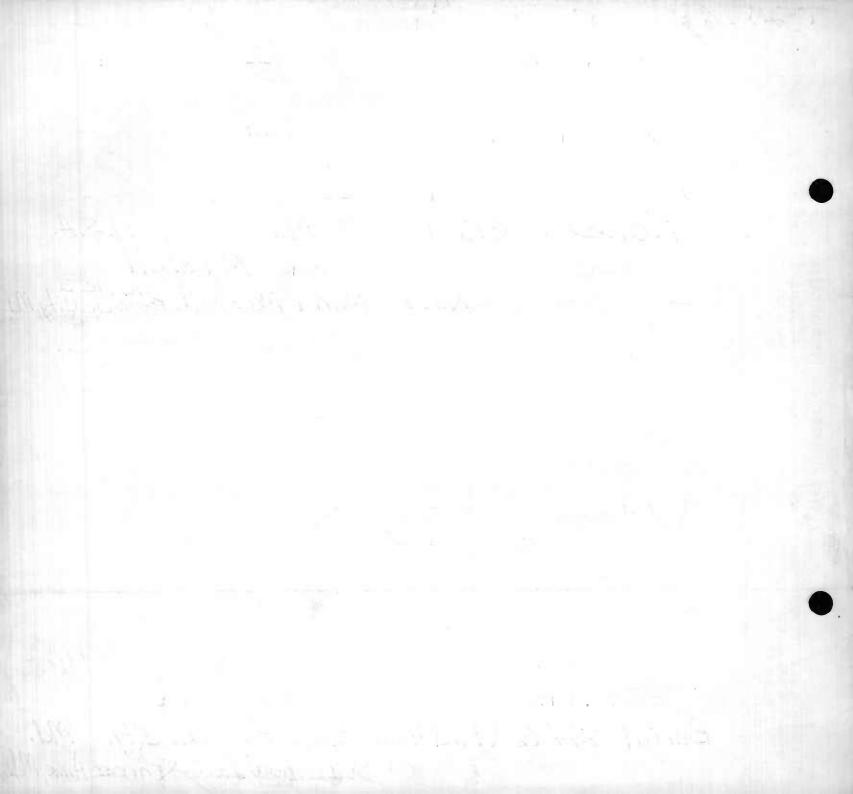


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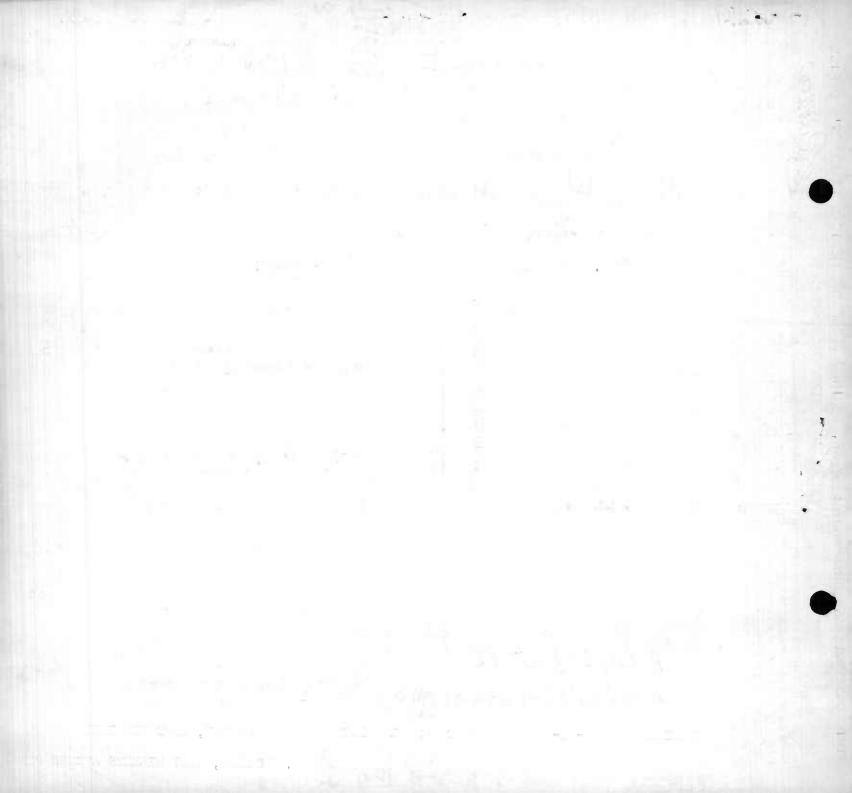
DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



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ath the ucl	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	1
Solder	(Type of Print) 11 1 0 0 0 1 0 1 1 0 0 0 0 0 0 0 0 0 0	66 I M.
F + 0 0 4.	3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If	
A CO O DE	THE JOHNS HOPKINS A. STATE B. COUNTY	1/ 1/2
0 0 0 0 D	FULL NAME OF (If not in hospital or institution, give street)	V
200055		RURAL and give township)
NER OF THE PROPERTY OF THE PRO	D. STREET ADDRESS (If rurol, give location)	
= 500.2	D. STREET ADDRESS (If Turol, give location) 21205 121 AUSTIN AU	15
A Den Ba	5. SEX 6. RACE 1 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	
V	WIDOWED, DIVORCED (specify)   lost bighdoy)	Months Doys Hours Min.
and regarded is a regarded in a regarded is a regarded in a regarded is a regarded in a regarded in a regarded is a regarded in	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
CAL det in ion	done during most of working tife, even if retired)	WHAT COUNTRY?
- 00 = 5	RETIRED = SUPEISOR - DPW, W.VA.	U>H
MED if d if d (4) U (4) U was the spos	13. FATHER'S NAME	
	GEORGE W. MARSHALL MARTIN	
A PAPE	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	ADDRESS
T T T	1 7	
A to day	18. CAUSE OF DEATH	INTERVAL BETWEEN
Po dan	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
A Property of the state of the	LEADING TO DEATH	17/12
A Popular	(This does not mean the made of dying, e.g., a DUE TO	CITAL (CSS)
OR: INGWAT	injury of complication which coused death.)	
O in in D	ANTECEDENT CAUSES S & B HYPERTENSIVE AND ART	EPUSCLEROTIC
XAII A Why	DISEASES OR CONDITIONS, if any, giving DISEASE CARDIOVASCULAR DISEASE	
3) XX 6 6 7 5 1	rise to the abave cause (A) stoting the	
Ry Dollar Cal	UNDERLYING CONDITION last.	
DR dicalicalical	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEVEYPED HYPOTENSION	ONHDARDIAC
RA med he bu bu bu shy	OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HERVITHILLA
A Paragraph	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes of No.)] 20B. IF YES, WERE	FINDINGS CONSIDERED
A Z it Boot to	8-8-66 RETINAL DETATCHMENTRE UES IN CERTIFYING C.	AUSES OF DEATH?
FUN FUN by the ch pital by ure; (2) Bo where th No physid before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C/WHERE DID (If in Bollims	ne City, give exoct locotion)
PR - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	T-1 -1/2
d Krank	DEATH (notify medical examine)  etc.)  DEATH (notify medical examine)  etc.)  DESTATING ROOM -  21D. TIME (Month) & (Doy) (Year) (Hour) 21E INJURY OCCURED  21D. TIME (Month) & (Doy) (Year) (Hour) 21E INJURY OCCURED	- O O HOW PTOPKINS
P S + + 9 P	S OF INJUST 2 - 2 - 6 ( 12 NOON While AT NOT While AT DEVELOPED +	TYPOTENSION AND /-
ove nd cep	ARDIAC PIRRITHMIA	
th the same	22, I certify that (1) (this hospital) attended the deceased from 8 - 6 to 19 66 to	8-8 1966.
RELEASE nust be appleased to a ident of a hospital (o o death);	that (I) (we) lost saw the deceased alive an Sample 19 Gard and that in (my) (our) are	pinfon deoth accurred an the dote
EA be at to at the st l	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
RELEAust be eased ident hospith o deat must	23A. SIGNATURE)	23 B. DATE SIGNED
must eleas rcide to de al mu	Healph Coscilla M.D. Attending Med. Director Phys.	8-8-66
	23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS TO HAIS HOPKINS	LOSPITAL
CASE iicate was r An a A. at a	A. RALPH ROSENTHAL, M. Du.D. JOHNS HOPKINS	5 MD
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (	City, town, or county) (State)
certificate body was ws: (1) An at eased prior	BURIAL 8-11-66 SUNSET MEMORIAL PARK BECKLEY, WES	T VIRGINIA
is cell is cell is cell is cell is cell is box cell is b.	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
THIS (This certify the body shows: (1) was D.O.A deceased written a	AUG 11 1966 Robert E. Forbert HOWARD, H. HUBBARD, 4107	WILKENS AVENUE #29
	And I - look all the control of	



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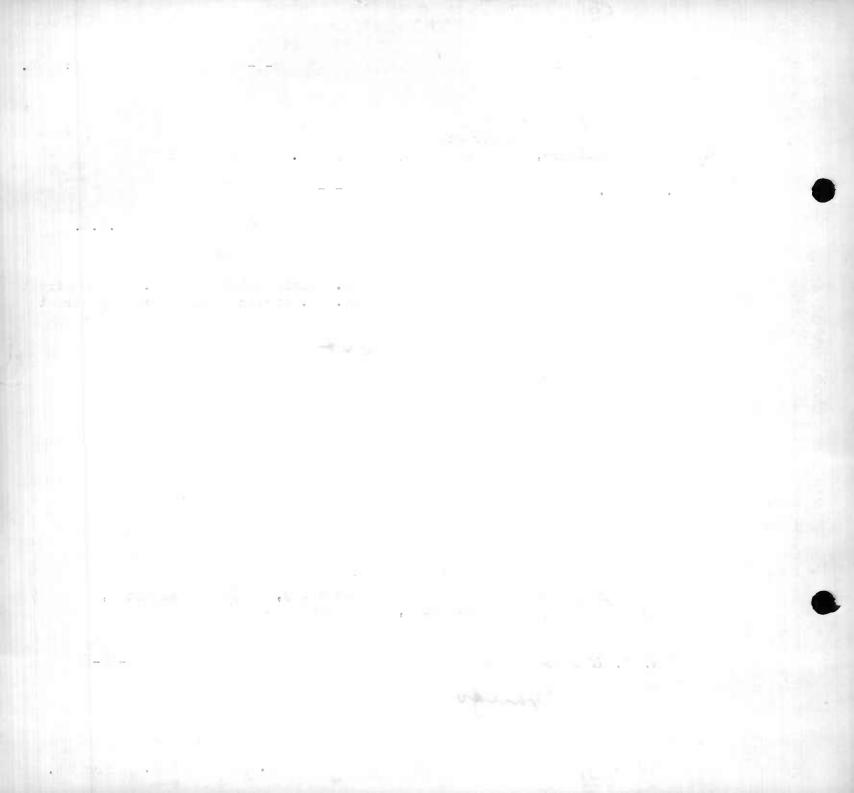
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DIRECTOR:

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VS 150-REV. 1/1/65



contributing occurred death IMPORTANT DIRECTOR: FUNERAL hospital by approved

VS 150-REV. 1/1/65

and

hospital

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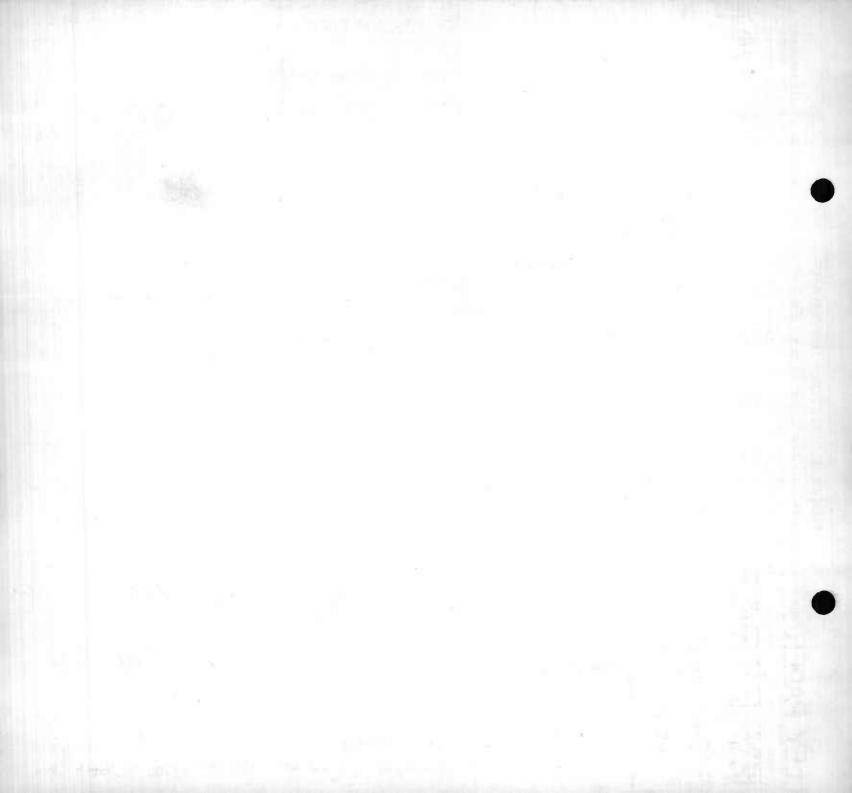
BALTIMORE CITY HEALTH DEPARTMENT 66 0816 August 10, 1966 1:20 p.m. (If outside city limits, write RURAN and give 40 mns hip) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Jessei Mae Lucas 668 W Franklin INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) nugust 10. ...and that in (my) (our) opinion death accurred an the date 23B. DATE SIGNED August 10, 1966 (City, town, or county) North Adolphus Halstead

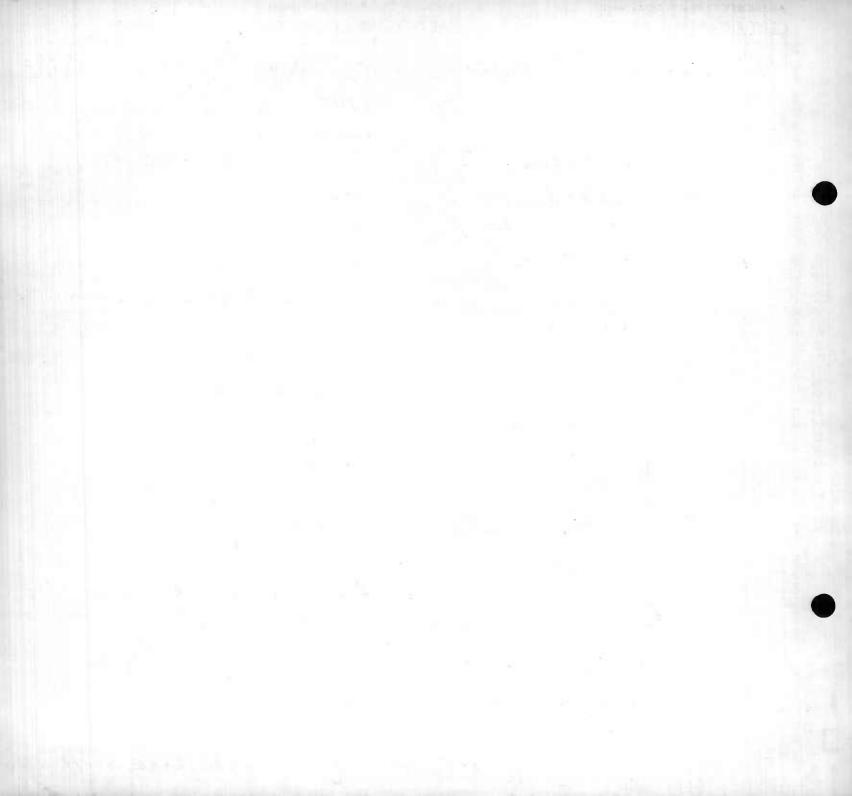
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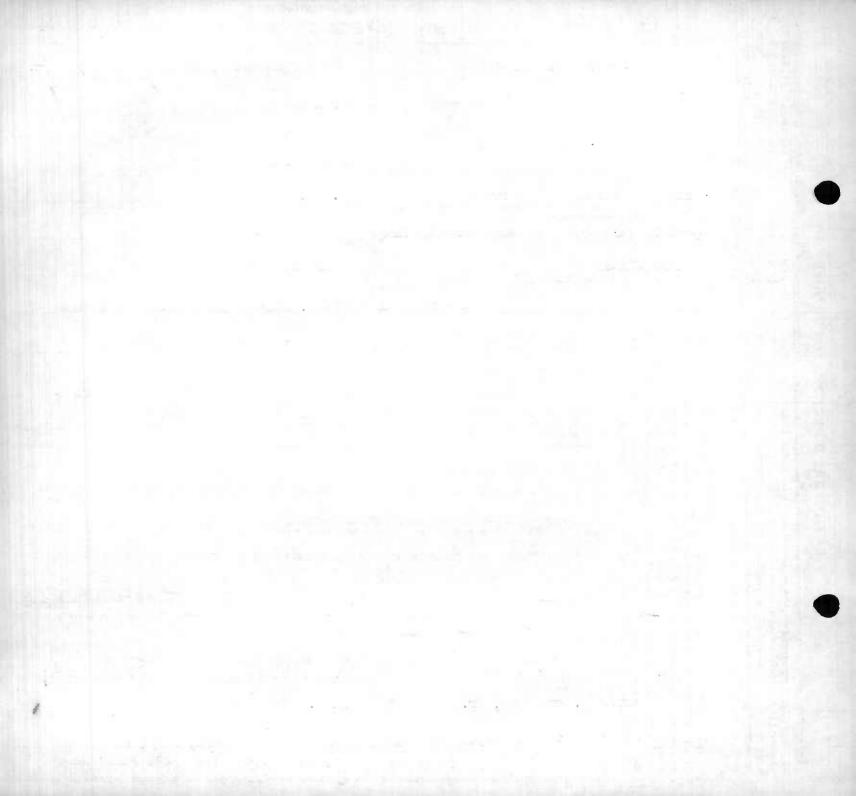
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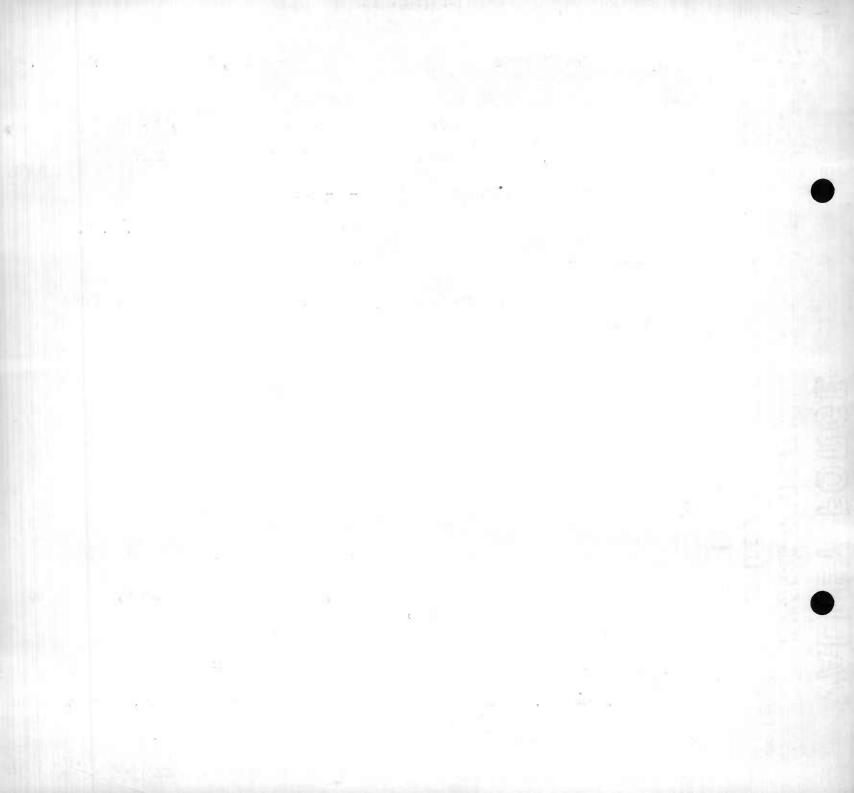


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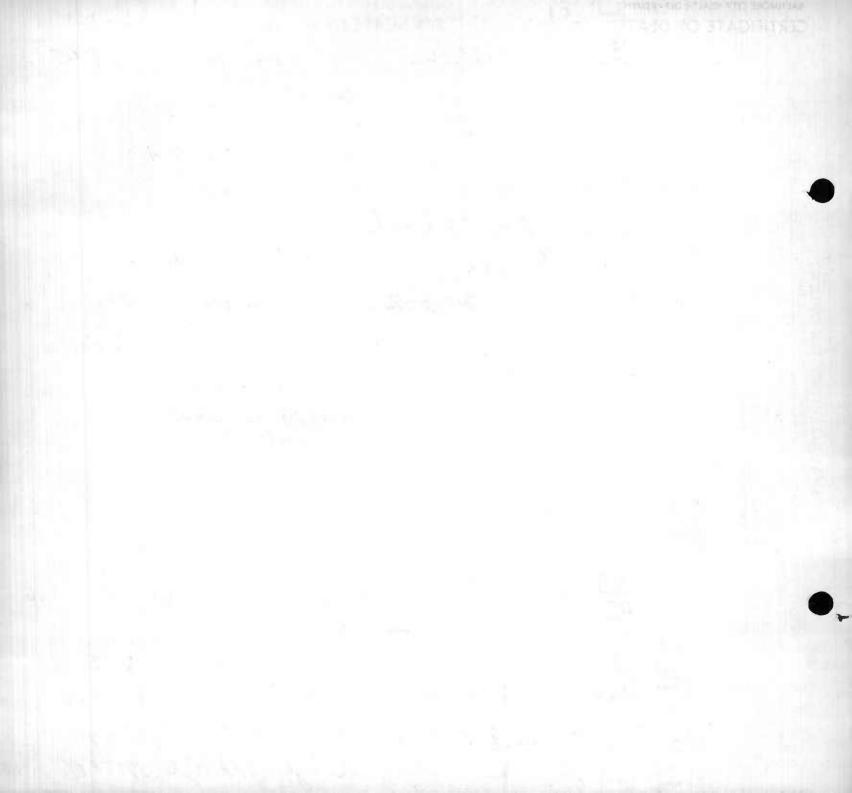
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BALTIMORE CITY HEALTH DEPARTMENT



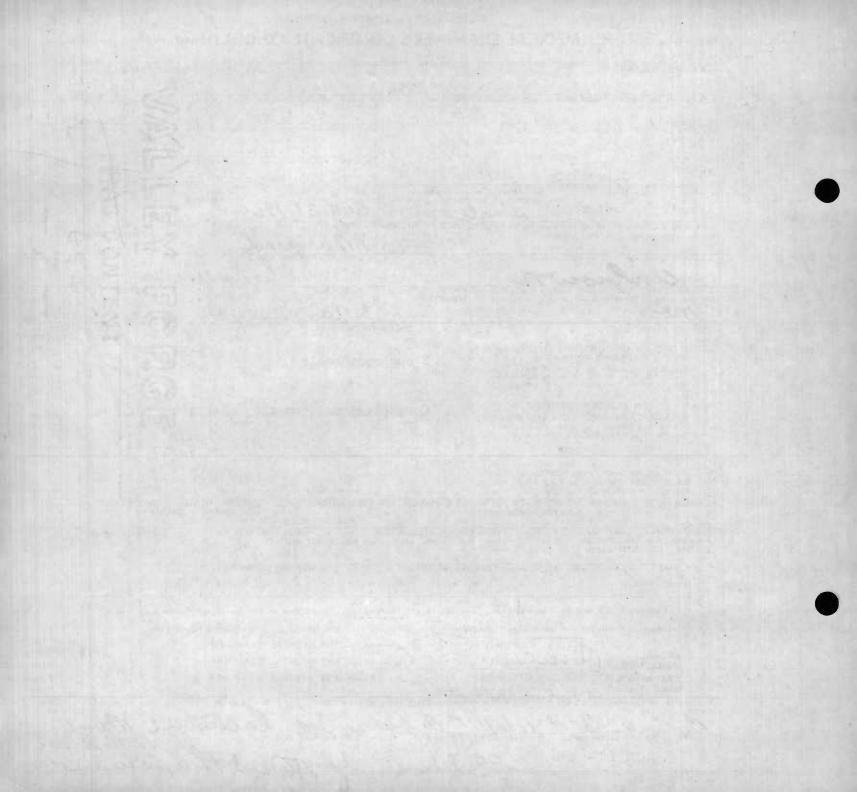
BALTIMORE CITY HEALTH DEPARTMENT



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VS 151-REV. 1/1/65

66 0816,7 BALTIMORE CITY HEA	
BIRTH NO. 65-22244 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	Table 1995
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Mark Snowden	8/9/66 12:40 a. <sub>M.</sub>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITT ON TOWN III DUISIDE CONDITION MINIS, WINE NORTH UNIT OF TOWNSHIP)
	Baltimore
University Hespital	D. STREET ADDRESS (If rural, give lacation)
University Hospital	1104 Edmondson Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWFD, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years last birthday)  1 Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.
male colored single	any 3131763 - 1119
toA. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTING dane during most of warking life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Maryland 2/5 H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
lenknown	Muse Else Blirkan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 110 Af ave
no	Muse Elsie Burnan Edmonds
18. CAUS	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	hopneumonia
heart failure, asthenia, etc. It means the disease,	
injury ar camplication which caused death.)	
ANTECENDENT CAUSES CONGRE	nital malformation of brain
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	mical mariormación of brain
UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	yes , in or obout 21C. WHERE DID (If in Baltimare City, give exoct location)
UNDERLYING OR CONTRIB- hame, farm, factory, street,	office bldg., INJURY OCCUR?
3	
OF INJURY	
	WHILE WORK
22. I certify that I held an Inquiry Inspection A	utapsy 🗴 and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suici	
Accident Solici	CHIEF MEDICAL EXAMINER
ACTUAL MOS 01	DATE SIGNED
	D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 8/9/66
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 0/9/00
23A, BURIAL CREMATION, 123B, DATE 123C, NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	1 1 RODI M
Durial 8 11 66/11/ Orbe	ion Cem Wallimore Maylane
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	124C, FUNERAL DIRECTOR



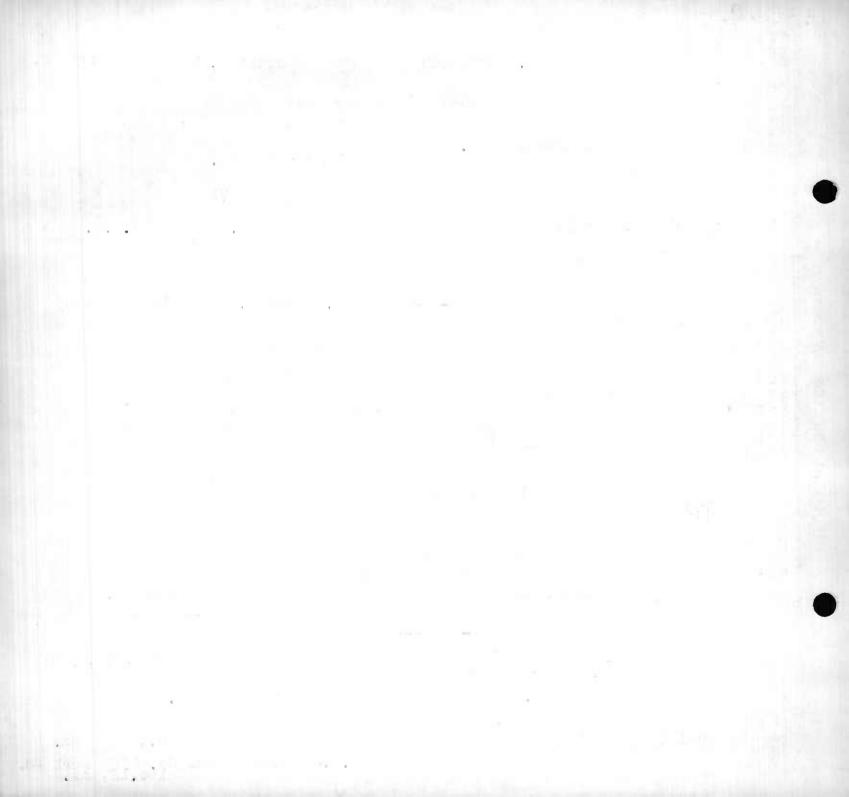
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IMPORTANT

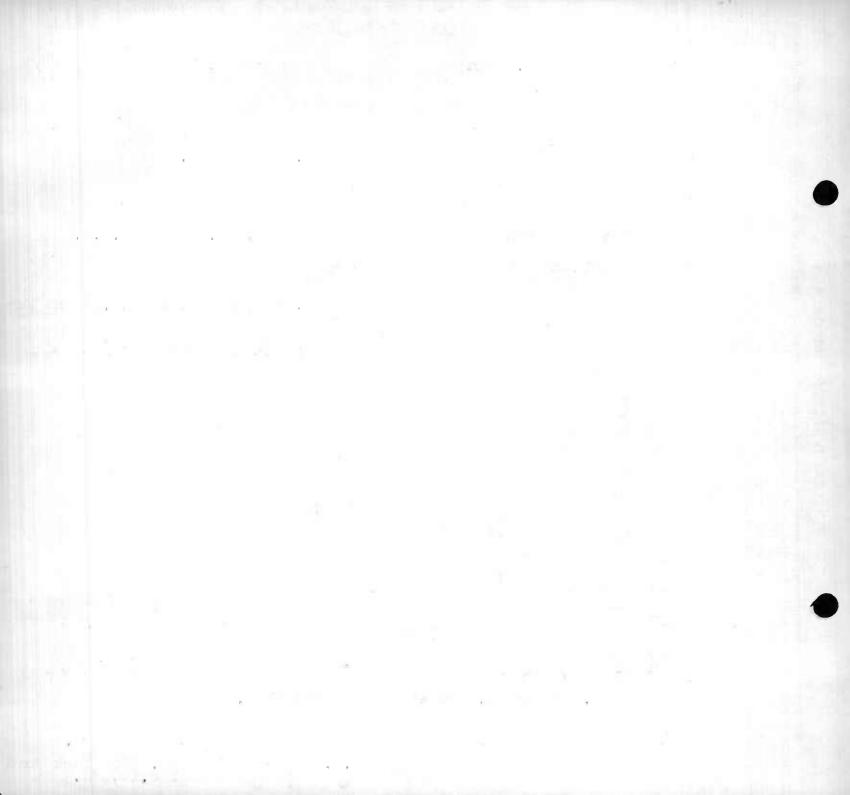
**DIRECTOR:** 

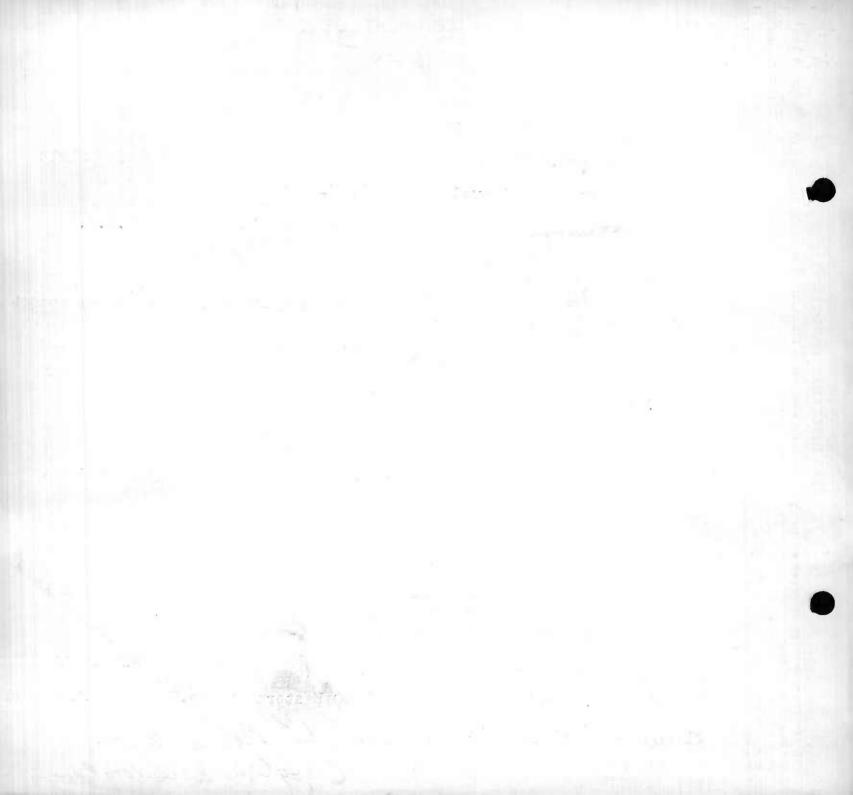
FUNERAL

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65





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13			1	2 / -	14. MOTHER'S MAIDEN		2	200 0 /10
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1.5	. Was Deceased Ever	in U. S. Armed F.	orces?	6. SOCIAL	17. INFORMANT	1 .00.00	, ,	ADDRESS
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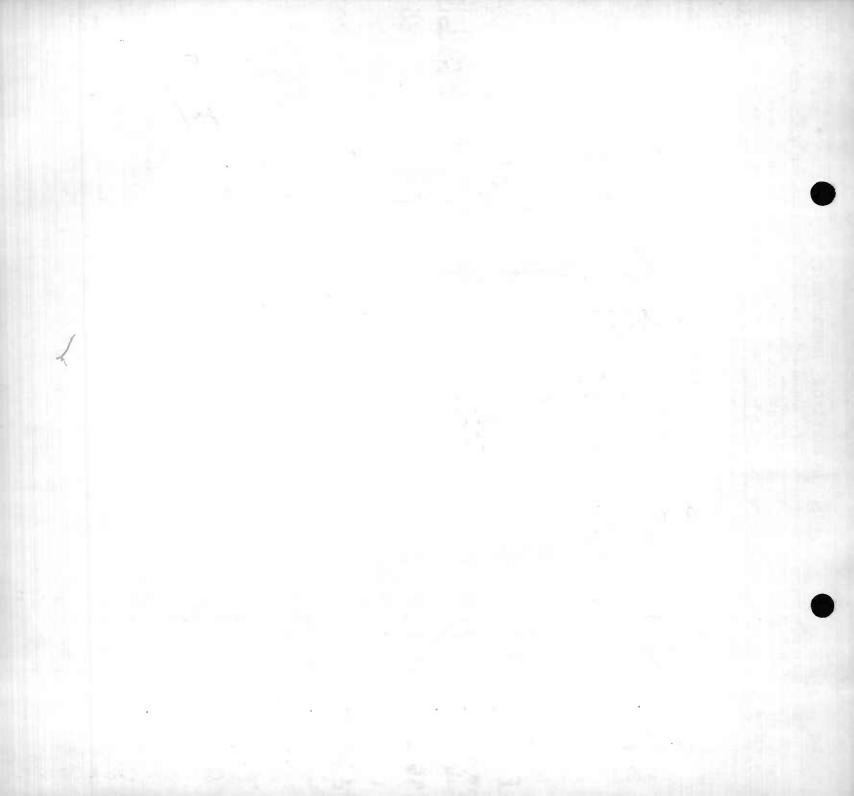
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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



66 08175

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission

(If outside city limits, write kuka Loand give township

If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours 12. CITIZEN OF

WHAT COUNTRY

ADDRESS

address INTERVAL SETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

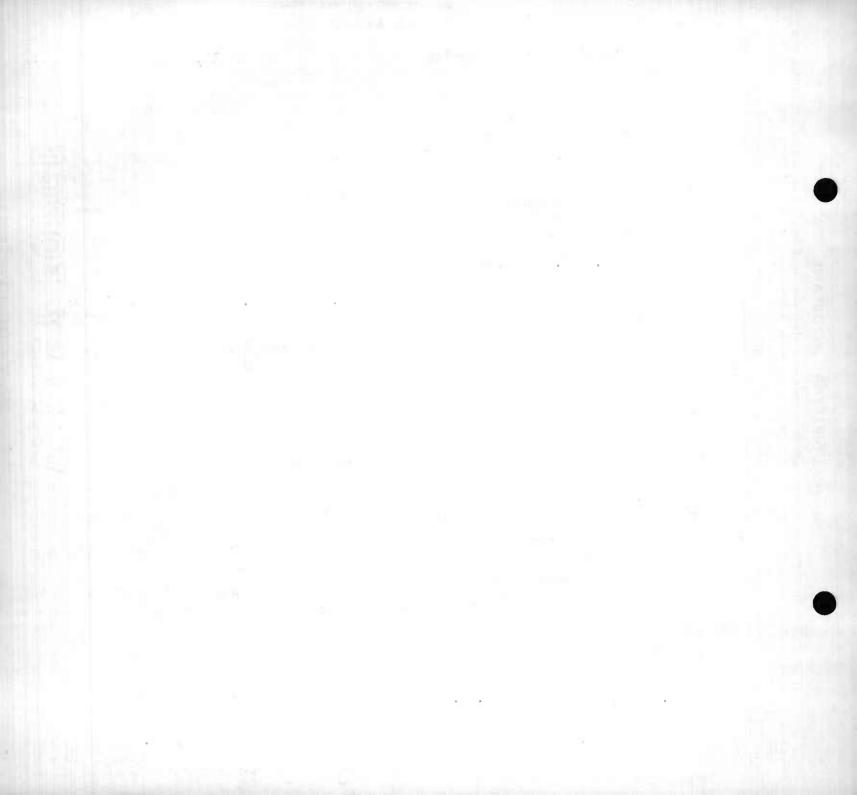
(If in Baltimore City, give exact location)

...and that In(my) (aur) apinian death accurred an the date

214 Medical Arts Building

(City, town, or county)

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

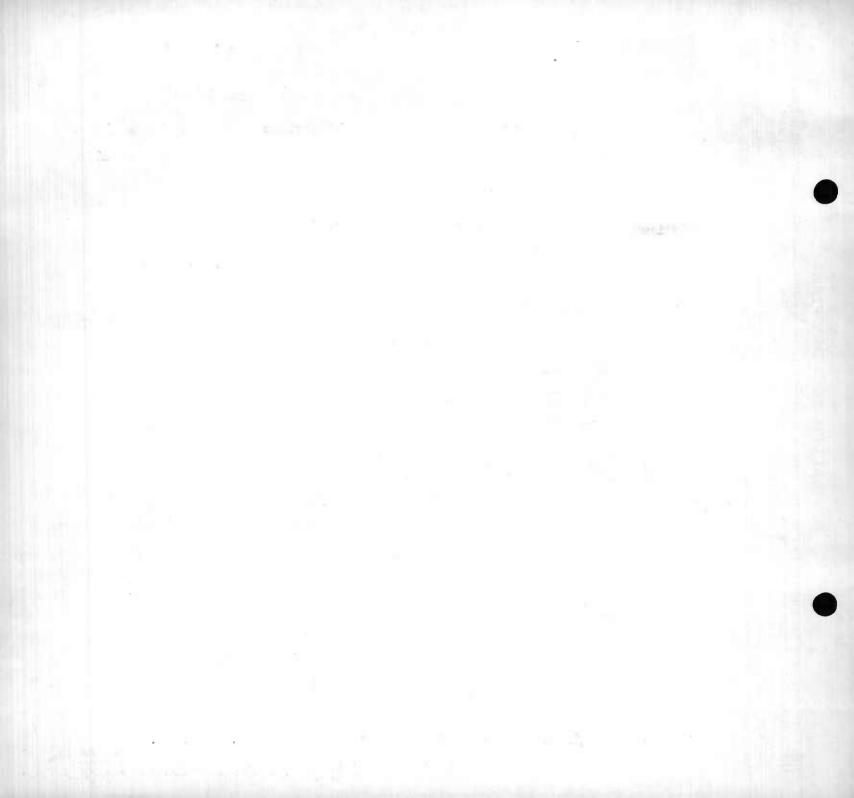
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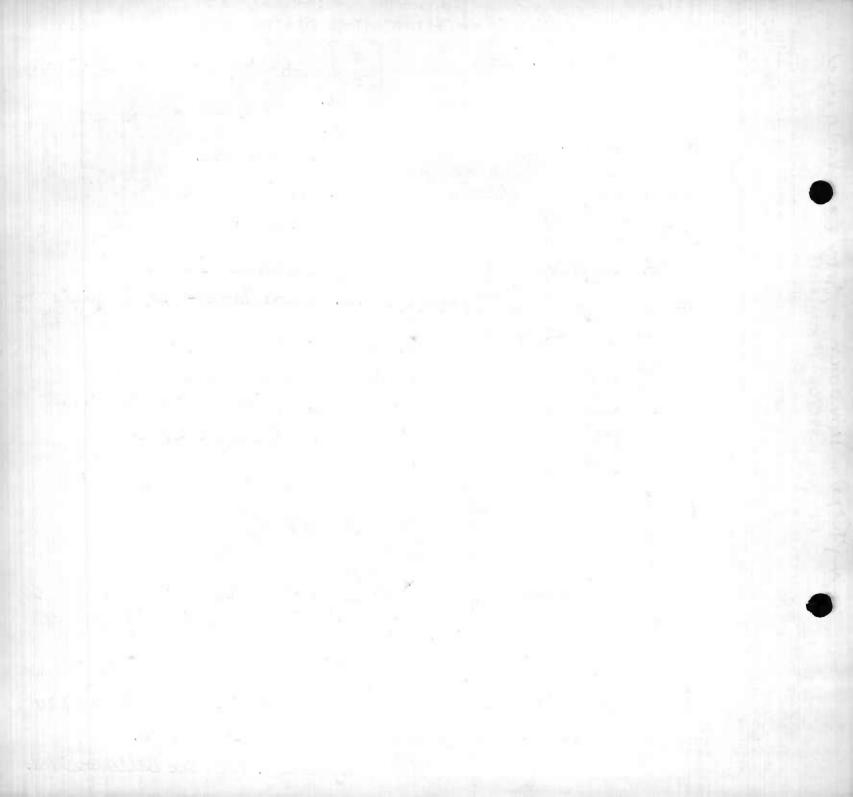
VS 150-REV. 1/1/65

21228 If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min, 12. CITIZEN OF WHAT COUNTRY? Moles worth, Elizabeth ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) aplaian death occurred on the date august 10/66 (City, town, or county)

66 08176

10:40 a. M.



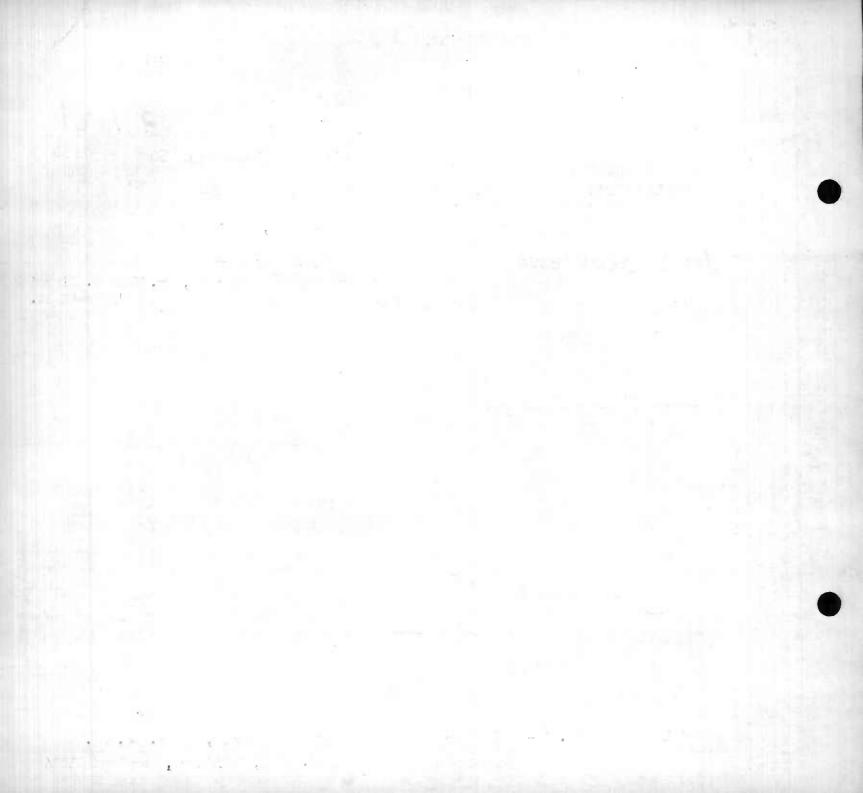


BALTIMORE CITY HEALTH DEPARTMENT 66 08179 66 08179 2. DATE AND HOUR OF DEATH Baltimore write RURAL and give township) Dundalk 9. AGE (In years (f Under 1 Yr. Manths: Days If Under 24 Hrs. Hours Min, last birthday Hours 12. CITIZEN OF WHAT COUNTRY? AMER Clara Tamosoni ADDRESS Same ELLANOR Bechettiluite INTERVAL BETWEEN ONSET AND DEATH Acute MyoCARDIAL INTART

ARTERIOSCIENTIE HEART DISCOLO ABE fes MELLITUS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact (acation) 21 F. HOW DID INJURY OCCUR? 6 C and that in(my) (aur) opinion death occurred on the date 23 B. DATE SIGNED 24D. LOCATION (City, town, or county) (State) Dundalk Balto. Co. Md. John J. Duda Dundalk, Maryland



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-	08180	C	ERTIFICA	TE OF DEATH	Registered Na	66 08180
M.E. CASE NO.  1. NAME OF DECEASI  (Type of Print)  CIEZNIA	ED 028222	RINE CIHRN	INA	2. DATE	and Hour of GEATH,	
S. PLACE OF DEATH UNI VERZE LY FULL NAME OF HOSPITAL OR INSTITUTION BALE	HOSPIAL		No	A. STATE B. CO.  C. CITY OF TOWN (II)  Battamore	UNITY Outside city limits, write R	stitution: residence before admission
38				3111 OL	TOWNELL S	ST 21224
Female (	ACE 7	MARRIED, NEVER WIDOWED, DIVOR	CED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
OA, USUAL OCCUPATION of during most of works  ADUSEUT FOR STATHER'S NAME		OB, KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (Stole or for BANP THORE,	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
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5. Was Deceased Ever res, no or unknown) (It	r in U. S. Armed Force yes, give wor or dotes	ol service) 16. soc SEC	URITY NO.	17. INFORMANT		Johardiss Ciernia
1B. 170	Y i	210	CAUSE O	F DEATH	21221	INTERVAL BETWEEN ONSET AND DEATH
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OTHER SIGNIFICATION THE DEAT	II ANT CONDITIONS CO H BUT NOT RELAT				LUNG	
1939 Wa	ERATION 198. COND	ition for which of	breasy	20 A. AUTOPSY? (Yes or NO	No) 208, IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION	VAS UNDERLYING C	218 PLACE		n or obout 21 C. WHERE DID lfice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
210. TIME (M. OF INJURY	onth) (Doy) (Yeor)	(Hour) 21 E. INJURY While At Work	Not Whit		NJURY OCCUR?	
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23C. PHYSICIAN'S NAME ITypel SIDNEY	L. STAPLE	TON, JR	M.D.	UNIVERSIN	Hospum,	BATTMONI, Mr.
24A. BURIAL CREMAT REMOVAL (Speci	ily)		CEMETERY of CR		LOCATION (Cit	ly, town, or county) (Stote)
Burial 25A. DATE RECORD		-1966 Sacr	ed Heart	25C. FUNERAL DIRECT		Maryland 21224
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BIRTH NO.

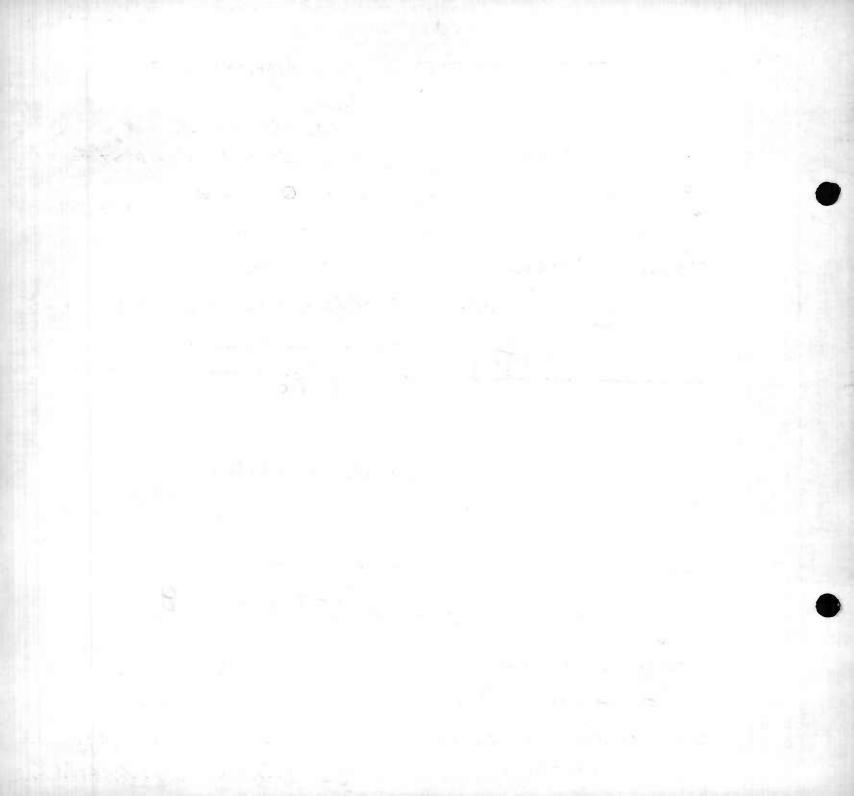
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

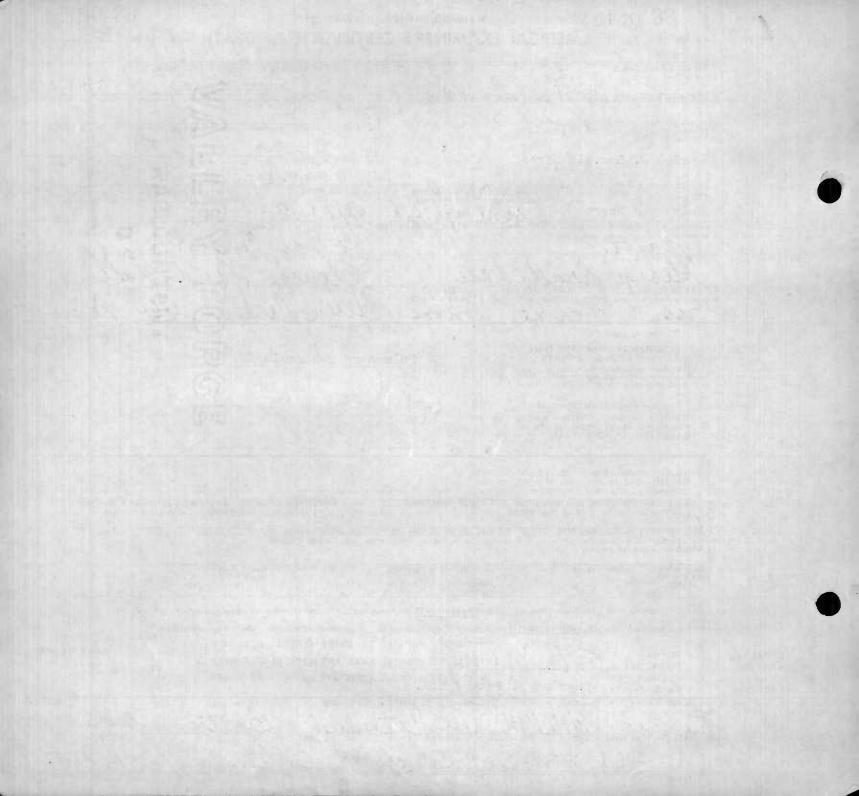
FUNERAL DIRECTOR

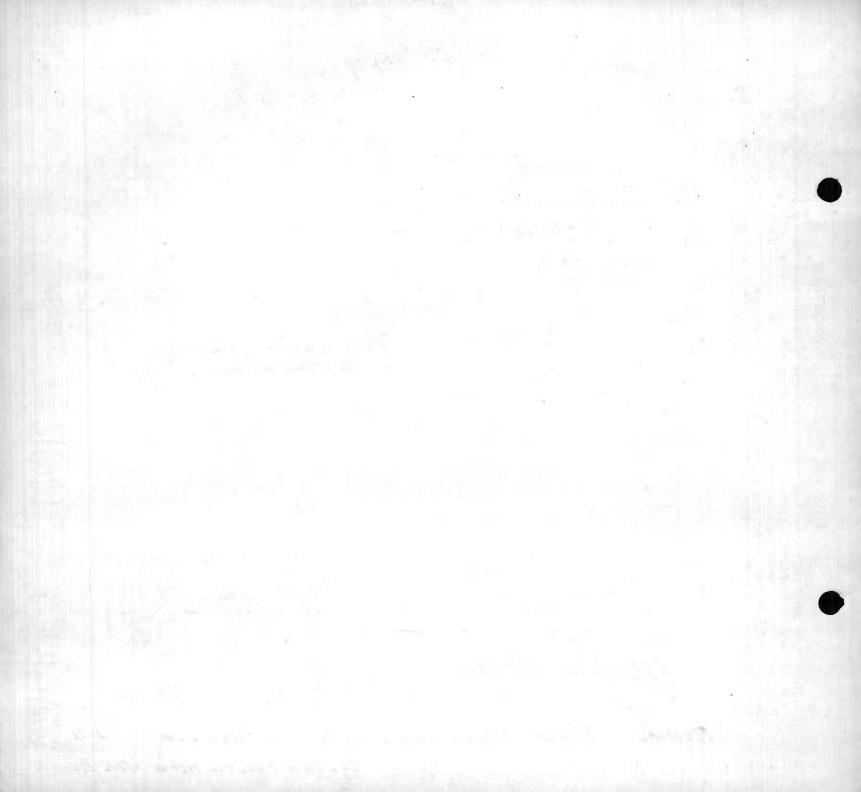
66 08183



6-635

BIRTH NO. MEDICA	L EXAMINER 5 C	EKTIFICATE OF DEATH Registe	red No.			
M.E. CASE NO.						
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNC				
GEORGE 3. PLACE IN BALTIMORE, MARYLAND, WHERE P	GORDON	August 11, 1966	10:00 A M.			
3. FLACE IN BALLINORS, MARIEAND, WHERE	KONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COL	INTY			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside corparate limits, write RURAL and give township)				
HOSPITAL OR ADDRESS OR LOCATION			NO KAE UNG GIVE IUWISHIDI			
544 W. Lanvale Street		Baltimore D. STREET ADDRESS (If rural, give location)				
60	14.5	E11				
	RRIED, NEVER MARRIED	544 W. Lanvale Street	If Under 1 Yr. If Under 24 Hrs.			
WIDO	WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
Male Negro  10A, USUAL OCCUPATION (Give kind of work 10B, K)	IND OF BUSINESS OR MODUSTRY	11. BIR/HPLACE (State or foreign country)				
done during most of working lile, even if retired)	IND OF BUSINESS OR MIDUSTRI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATATER'S NAME	4	MOTHER'S MAIDEN NAME				
Manual Pard	1000	- Mainten Mainten La . 1				
15. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SO CIAL	17: INFORMANT	auc			
(Yes, na orunknawn) (If yes, give war ar dates of se		La Colonia De la	ADDRESS			
no nne	none	Calley Carreny 4	64 Maure Co			
1B. 002./	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH			
LEADING TO DEATH (This does not meen the mode of dying,	\A/	onary Tuberculosis.				
heart failure, asthenio, etc. It means the di injury or complication which caused death.)	e.g., sease,					
			Line I the same of the			
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUF TO						
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.						
	(C)	****				
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING.					
DISEASE OR CONDITION CAUSING IT.	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTI		20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FIN				
₹ 21A. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g.,	No				
UNDERLYING OR CONTRIB-	hame, form, factory, street, a	in or about 21C. WHERE DID (If in Boltimore City, girlifice bldg., INJURY OCCUR?	ve exact location)			
7						
OF INJURY		21F. HOW DID INJURY OCCUR?				
(APPROX.)	m. WHILE AT NOT AT W	WHILE ORK				
22. I certify that I held an Inquiry	Inspection X Aut	apsy and that an this basis, death In m	y apinian			
resulted fram: Natural causes	Accident Suicide					
	- / J	CHIEF MEDICAL EXAMINER				
ACTUAL () ( mules	of Viely M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
SIGNATURE CONTRACTOR EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	8/11/66			
NAME (Type) Charles S.	Petty, M.D.	ASSOCIATE MEDICAL EXAMINER				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY O	CREMATORY 23D. LOCATION (City,	town, or county) (State)			
Bureal 8/16/19	El NOW ! IT	hedred Balta	nd.			
24A. DATE REC'D BY HEALTH DEPT. 248, 1	NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS			
AUG 1 2 1966 (2.4	2 R. C. T. D	Enolfilensin	Carll Vitte			
VS 151-REV. 1/1/65	PELO C. VOLIDERIAM	aucounare 1	sof winder			





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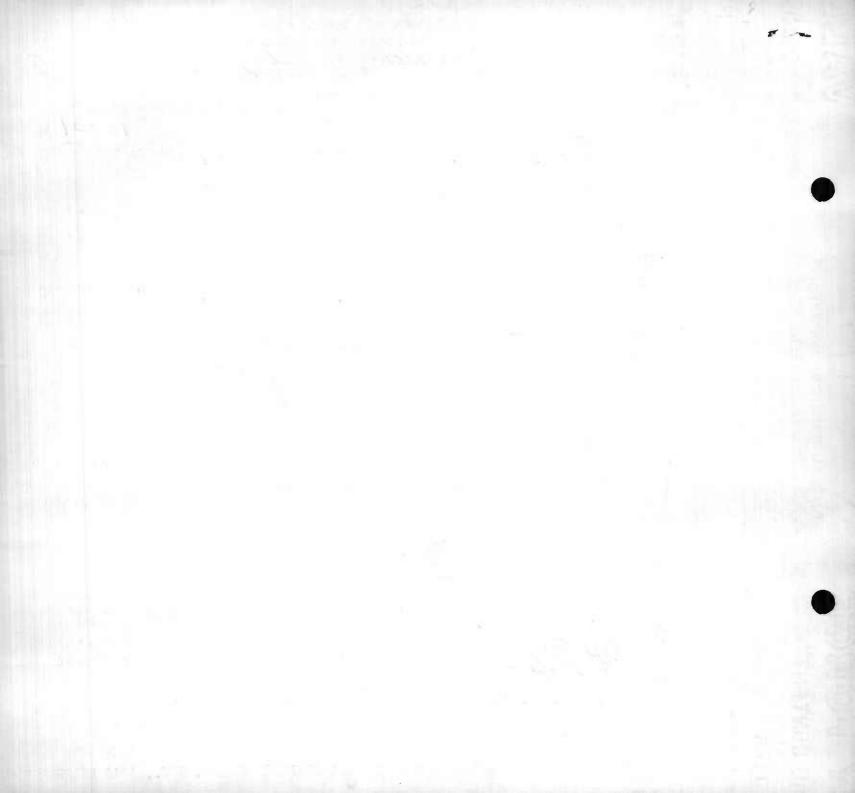
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и.	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 08187				
1. N	AME OF DECEASED	Λ , , , ,	2. DATE AND	HOUR OF DEATH	1 1 215				
	Gerhand	Rentmeister	Hu	gust 7 th	le ap gran				
3. 1	PLACE OF DEATH IN BALTIMORE,	MARYLAND	A. STATE B. COUNT	deceased lived. If instit Y	tution: residence before admission)				
	FULL NAME OF (If not in hospi		Md. Kingsville ballo						
	NSTITUTION oddress of loca	otion)	C. CITY OR TOWN (If out	ide city limits, write RU	RAL ond give township)				
,	11 1. I Paral	of Hamital	D. STREET ADDRESS (If ru		2000				
1	CASE NO.  IME OF DECEASED  OR Print)  ACE OF DEATH IN BALTIMORE, MARYLAND  JULI NAME OF OSPITAL OR STITUTION  ACE OF DEATH IN BALTIMORE, MARYLAND  JULI NAME OF ODDER OF ORDER OF OCCIONON  ATTITUTION  ACE OF DEATH IN BALTIMORE, MARYLAND  JULI NAME OF ODDER OF OCCIONON  ACE OF DEATH OF OCCIONON  ACE OCCIONO  ACE OCCIONO  ACE OCCIONON  ACE OCCIONO  ACE OCCIO	a varjarat		rol, give location)					
5. 5	SEV. 14 PAGE	7. MARRIED, NEVER MARRIED	7,00		If Under 1 Yr., If Under 24 Hrs.				
3	10	WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
103	USUAL OCCUPATION (Give kind of v	VIAMELE OR INDUSTRY	11. BIRTHPLACE (State or foreig	10 76	12. CITIZEN OF				
			TI. BIRTHYLACE (Store of lorely	1 Coonity/	WHAT COUNTRY?				
		Crown Cork & Seal	gemai	ry	W.S.H.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	101					
	Wilhelm	221-01-6383A	Nathenul	Mean	mer				
15. (Ye	Was Deceased Ever in U. S. Armed	Forces? (15. SOCIATION NO.	17. INFORMANT	d dans	ADDRESS				
,,,,	1 /	31.63	Wile au	A. dans	shele ~				
-	18. // // = VI	( ) / ( ) CAUSE O	F DEATH	a proving	INTERVAL BETWEEN				
	DISEASE OR CONDITION	DIRECTLY TH af dying, e.g., A		· ·	ONSET AND DEATH				
		TH S /	Dal monay &	dema					
		LEADING TO DEATH  (This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease.							
	heall failure, asthenia, etc. II means the disease, injury or camplication which caused death.)								
	ANTECEDENT CAUS	SES S S S			MAN (40 000000 000000000000000000000000000				
	DISEASES OR CONDITIONS, if any, giving								
	ONDERENING CONDITION (US).	E 2 3							
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING STORES	Wellitues.						
ATIO	TO THE DEATH BUT NOT R	ELATED TO THE	right his	4.					
U.	19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OPERATION	20 AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED				
ERTIF	Hug le off	Fractured sed Hi	a yes.	IN CERTIFYING CAUS	ES OF DEATH?				
Ü	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of	h or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)				
CAL	DEATH (notily medical examines)	etc.)	med blogs, majorn occor.						
MEDIC		orl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
Z		While At Not While	e						
		Work Al Work	2 Ad	tota Au	a 7 ll 61				
		11111 40	4 610	ta	J				
		ased dive on		tin(my) (our) opinio	an death accurred an the dote				
	and hour and fram the couses stated abave. (1) (We) (did) (dld nat) view the bady ofter deoth.								
	23A. SIGNATURE  23B. DATE SIGNED  123B. DATE SIGNED  1240 T Stoff AV								
	1/1/1. 1006 1	Phy	s. Director L	Phys.	Hug/ -66				
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	. 0.	8 01 00				
	Vigl. They They	steinsson M.D.	403 Nottina	han Ad	13 aldo 29				
244	REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION (City,	town, or county) (State)				
	Cremation 8-10-	1966 Greenmount Cemet	erv Ral	timore.	Md.				
25/	A. DATE READY HEALTH BET	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	0-4110109	ADDRESS 36				
(1.	AUU I Z IMDh	(1011) Par S		Total b.					

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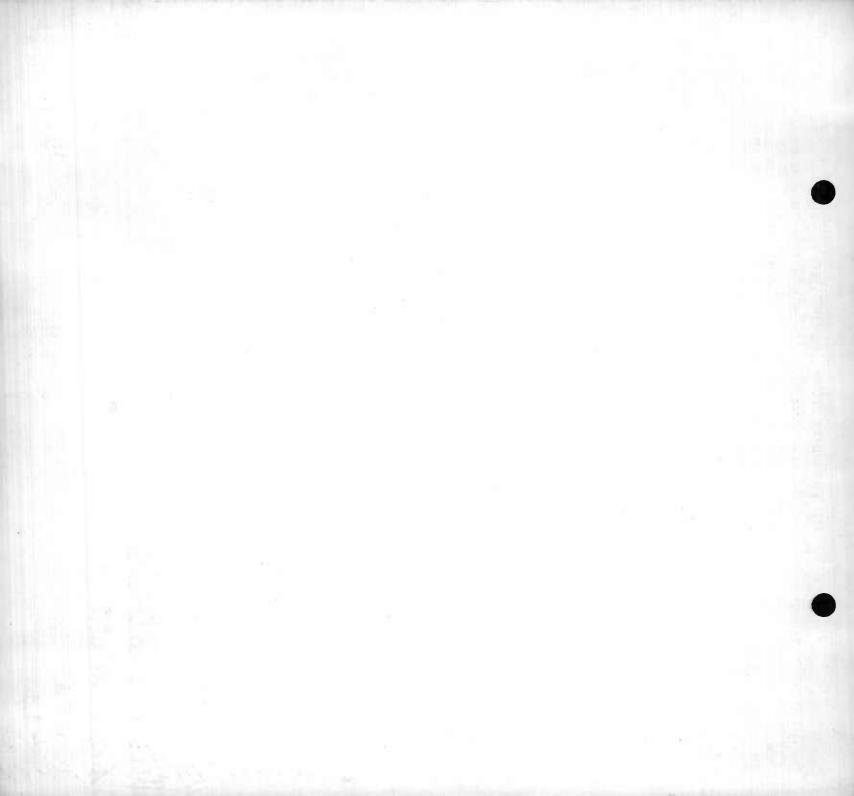
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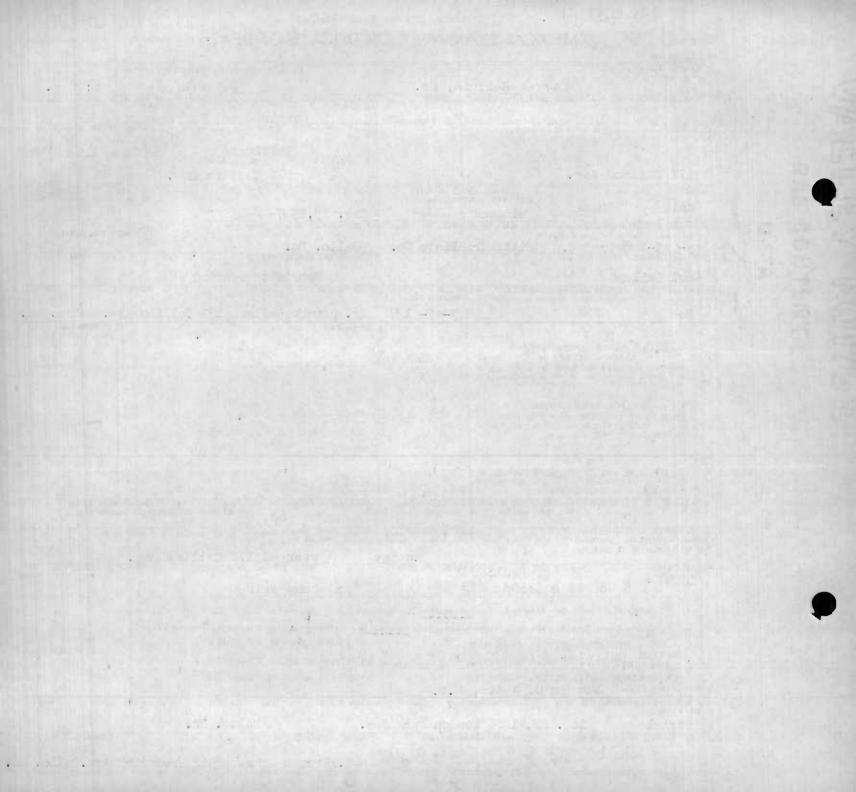
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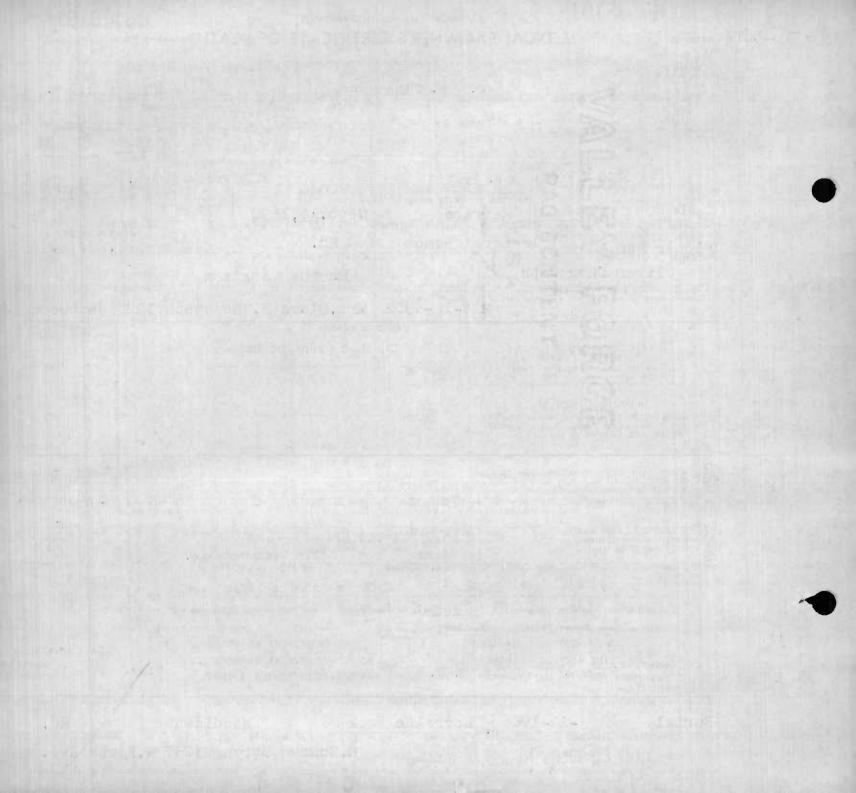
BALTIMORE CITY HEALTH DEPARTMENT

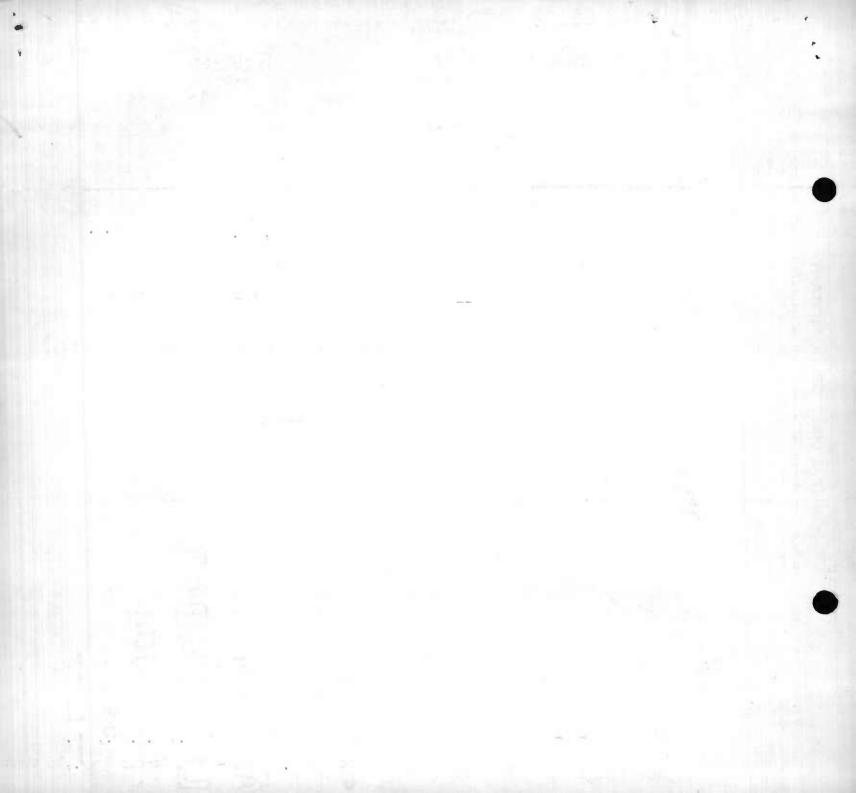
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

M.E. CASE NO.								
1. NAME OF DEC	2. DATE AND HOUR PRONOUNCED DEAD							
	Howa		and, Sr.			8/8/66		5:00 a. M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	ENCE (Where de	eceosed lived. If inst	litution: resi-	dence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	N N	Maryland	0.5		
HOSPITAL OR	ADDRESS OR LOCA	(NOII)		C. CITY OR TOV	WN (if outside	corporate limits, write	RURAL	nd give township)
					Baltimo		10-	00
170 0 1				D. STREET ADDI				
1	lins Ave.					lins Ave.		
5. SEX	6. RACE	7. MARRIED, WIDOWED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)		Doys Hours, Min.
male	white	Widowe		Dec. 23,	1907	lost birthdoyl		
	JPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZ	EN OF
Lay-Out-W	vorking life, even if retired)	Pittshu	rghPlate Co.	Balto.	Md.		WITH	TI COUNTRY!
13. FATHER'S NAM		12200000	16110100 000	14. MOTHER'S M				
Carl Hei	land			He	nrietta G	ehring		
15. WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	10	2 77 42	1 750 0 77		D 21. 202
No			213-05-3127		rd Heilar	id 172 Coll:	ins Av	e. Balto. Md/
18.	74 X		CAUSE	OF DEATH				ONSET AND DEATH
DISEAS	E OR CONDITION DI	RECTLY	** *					
(This does n	LEADING TO DEATH not meen the mode of		(A) Hanging	g				
heort foilure,	osthenio, etc. It meons	the disease.	202 10				1012	
	INTECENDENT CAUSE		(B)					*******************************
RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE							
	IG CONDITION LAST.		(C)					
<u> </u>	II.	41474131						
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTION	IG					
TO THE	DEATH BUT NOT RE		₹E					
	OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FI		
0	WAS PER	FORMED		7.5	no II	CERTIFYING CAU	SES OF DE	ATH?
	L CAUSE WAS	218. 1	LACE OF INJURY (e.g.,	in or obout 21C. V		in Boltimore City, gi	ve exoct le	ocotion)
	OR CONTRIB-	etc.)	form, foctory, street,			10 0 111		
Z 21 D TIME	(Month) (Doy) 1490	d (Handa 26	garage		ow DID INJUR	2 Collins	Ave.	
OF INJURY	Colonial (Doy) Be	tween1:3	6 INJURY OCCURRED	14/1111 F		, occor.		
	8 8 66 &	4:50p m. %	ORK AT W	ORK k hu	ung self			
22.	tify that I held on I	ngulry 🔲	Inspection X Au	topsy one	d that on this	bosis, death In r	ny opinio	n
	ted from: Notural ca		ccident Suicid			determined monn		
1000	110				EDICAL EXA			
ACTUAL	11 1 610	1 C	1-1-					DATE SIGNED
SIGNAT			M.D	ASSISTANT M			8/	9/66
EXAMIN NAME (		II. Spitz	M D	ASSOCIATE M	MEDICAL EXA	MINER	0/	9/00
23A. BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or	county) (Stote)
REMOVAL (Specify Burial		2. 1966	Loudon Park C	em.	Bal	Lto. Md.		
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		-	ADDRESS
1	AUG 12 1966	120 G	E. Fallowers	0 0		1 7510 7	3	A 70 71 7
		Jioleel	C. Tuttoaren	G. Tru	man Schua	ab 3512 Fre	derick	Ave.Balto. N
VS 151-REV. 1/1/	65	7 0		1 11 1	1			1/



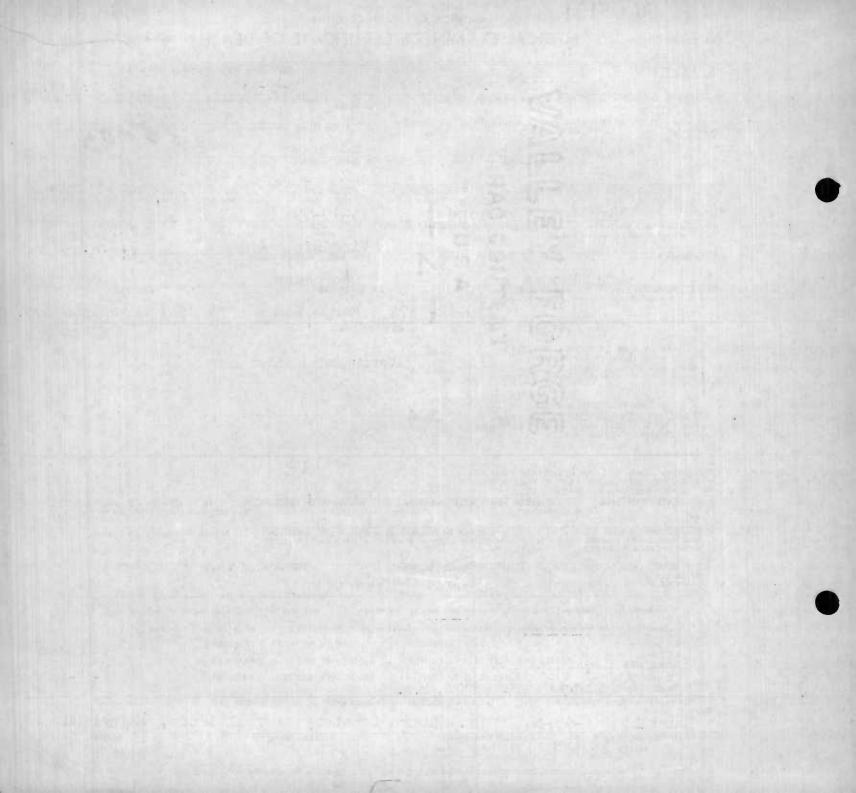
00	08191		BALTIMORE CITY HEAL				-	08191
BIRTH NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICAT	TE OF I	DEATH Registe	ered Na	
M.E. CASE NO.								
1. NAME OF DEC	EASED				2, DATE AN	D HOUR PRONOUNC	ED DEAD	
		Herber				8/9/6		1:20 p. M.
3. PLACE IN BALI	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	Moseral o	B. CO	UNTY	dence before odmission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	C CITY OF TOW	Maryla	e corporate limits, writ	o DIIDAL o	nd alun taurahin)
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITT OK TOW			e KUIAL O	the give lowingtop)
					Baltim		-	1
00	US			D. STREET ADDR				
	3220 Westwoo					0 Westwood		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	Months :	Toys : Hours   Min.
male	white		, ,	Sept.16	1890	75		
IOA. USUAL OCCU	PATION (Give kind of work	108. KIND O	ried F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZ	EN OF
	vorking life, even if retired)	Funer	al Home	Md.			II	. S. A.
Flower M 13. FATHER'S NAM	E			14. MOTHER'S MA	AIDEN NAM			0. 35.
Oliv	er Chenowe	th		Marth	a Mor	rison		
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	- 1101	10011	ADDRESS	S
	(If yes, give wor or dote	s of service)	14-14-5902	Mrs Cla	no D	Thonograth	3220	Westwood
		4	F		I a D.	Juenowern	2220	
1B. E. 9	76 X 1		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DE	RECTLY	Gur	shot woun	d of He	ead		
DISEASES ( RISE TO THI UNDERLYIN	ot meon the mode of osthenio, etc. It meons optication which coused in the course of t	S NY, GIVING	(B) DUE TO					
5	11		0.000000					
O THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO 1	NG THE		0444=0000000000000000000000000000000000			
19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	? (Yes or No)	208. IF YES, WERE FI	NDINGS C	ONSIDERED
O UNDERLYING	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID	Of in Boltimore City, g	ive exoct lo	ocotion)
UNDERLYING DUTING DE CAU	SE OF DEATH.	etc.)	home			ood Ave.		
E 21 D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED		O MERCA			
OF INJURY (APPROX.)	8 9 66	2	WHILE AT NOT WORK	WHILE IX she	ot self	in head		
22.	ify that I hald an I		Inspection X Aut				my aninia	n
result	ted fram: Natural ca	uses /	Accident Suicide			Indetermined mann	er [_]	
ACTUAL	1,00	111	C 1/			AMINER		DATE SIGNED
SIGNATI		VI.	M.D.	ASSISTANT ME			8. 9.	66
EXAMIN NAME (1		. Spitz	, M. D.	ASSOCIATE M	EDICAL EX	(AMINER	0. ).	00
23A, BURIAL CREA	MATION, 238 DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
REMOVAL (Specify Burial	8-12-	1966	Lorraine P	ark	1	Woodlawn		Md.
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA			-	ADDRESS
A	UG 12 1966 (	Robert	E. Farber, M.A.	G. Howa	ard St	rong 3207	W.No	rth Ave.
VS 151-REV. 1/1/6	65	1 4 6	5° 63 0	8 1	9 1			1







		ALED A		BALTIMORE CITY HEAL			- 05 5	SEATILE.		OCL	17.7
	TH NO.	WED	ICAL EX	AMINER'S CI	KIIFI	AII	OF L	EAIH Register	ed Na		
=	E CASE NO.	FACED									
(Ťy	pe or Print)		TTT436 11	TTTO MAG				HOUR PRONOUNCE	D DEAD	70 20	
3	WILLIAM H. THOMAS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					8-10-66 12:30 A. M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission					
	L NAME OF	(IF NOT IN HOSPIT			A. STATE  Maryland  B. COUNTY						
HC	SPITAL OR	ADDRESS OR LOCA	ATION)	THOM, OFFE STREET		imor		corporate ligits, write	RURAL or	nd give towns	hip)
	254	EDMONDSON A	AVENUE -	DOA				give location)		The same of the sa	
					2541	Edm	ondson	Avenue			
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE O			9. AGE (In years lost birthdoy)	If Under	1 Yr. If Unde	er 24 Hrs.
1	1ale	Colored		DIVORCED(specify)	5_1	0_00			Monins	Doys	i vun.
104	USUAL OCCU	PATION (Give kind of wor	k 10B KIND OF	ried BUSINESS OR INDUSTRY	11. BIRTHPI	ACE (St	ote or foreign	n country)	12. CITIZI	EN OF	<u> </u>
don	e during most of w	orking life, even if retired)			Wi wa	inic				T COUNTRY?	
13.	FATHER'S NAM	E		ALC: A	Virg	R'S MAI	DEN NAME		1 0 . 1	S.A.	-
		Talas IIII. am			Can						
15.	WAS DECEASED	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORM	rgar	ma		ADDRESS		-
(Ye	s, no or unknown)	(If yes, give wor or dote		SECURITY NO.	7.17	(Th		0014	77.4	3	A
			۷.	39-12-5374	Mar	y Ir	omas	2541	Lame	ondson	ave
	1B. / 5	3.8		CAUSE	OF DEAT	H				ONSET AND	
	DISEAS	E OR CONDITION D	IRECTLY								
	/TL:	LEADING TO DEATH of mean the mode of		(A) Ca	rcinom	a of	colon	••••••••••••••••••••••••••••••••••••••			
TION	DISEASES O	NTECENDENT CAUS PR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST.	ANY, GIVING	(B)							
CERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO T								
RTI		OPERATION 198, CON		WHICH OPERATION	20 A. AU	TOPSY? (	Yes or No)	20B. IF YES, WERE FIN	DINGS C	ON SIDERED	
Ü	0	WAS PER	RFORMED		IN CERTIFYING CAUSES OF DEATH?						
MEDICAL	21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	21 B. home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout :	NO NO. WH	ERE DID (	If in Bollimore City, giv	e exact lo	cotion)	
Σ	21D TIME	(Month) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	2	1F. HOV	V DID INJU	RY OCCUR?			
	OF INJURY (APPROX.)		m. V	VHILE AT NOT AT W	WHILE D						
	22. 1 cert	ify that I held an I	Inquiry 🗌	Inspection X Aut	apsy 🗌	and t	hat an thi	s basis, death in m	y opiniar	n	
		ed fram: Natural ca		ccident/ Sulcide		amicIde	_	Indetermined manne			
	100011	1/71	/3	7			DICAL EX				
	ACTUAL		1/12	all us				AMINER X		DATE SI	GNED
	EXAMIN	ER'S	DOCTORN					AMINER _		8-10-6	56
	NAME (1	AATION, 23B. DATE		ECKER, M.D.	CREMATO	RY	23D. Le	OCATION (City,	town, or o	county)	(State)
	Buria			Mt. Auburn				Baltimore,			
24		RY HEALTH DEPT.		OF REGISTRAR		-	DIRECTOR			DDRESS	
	A	UG 12 1966	Polest	E. Farkyma	6	0000	· Kei	Sen 134	18 (	74/how	N S
VS	151-REV. 1/1/6	5	1 5	5 6 11 11	7 1	1	9				





DIRECTOR:

FUNERAL

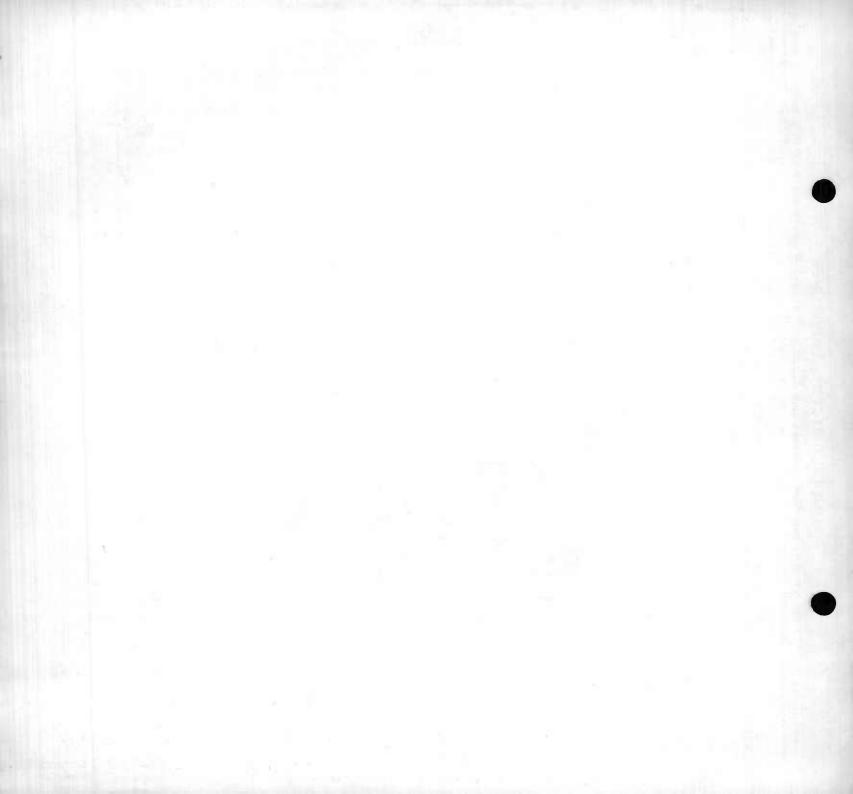
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and the second s

DIRECTOR:

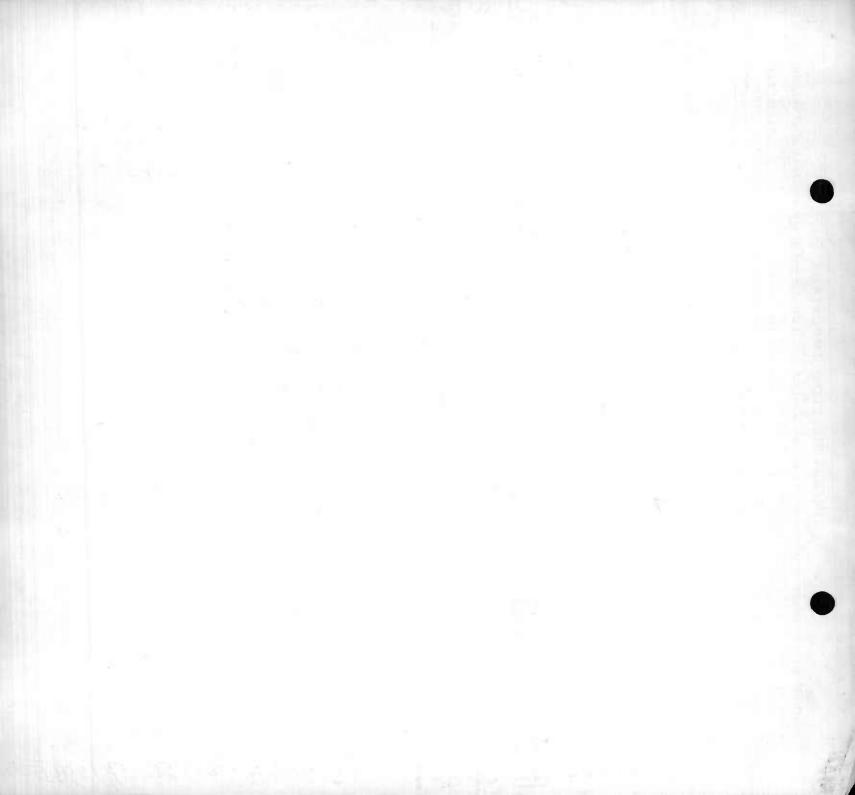
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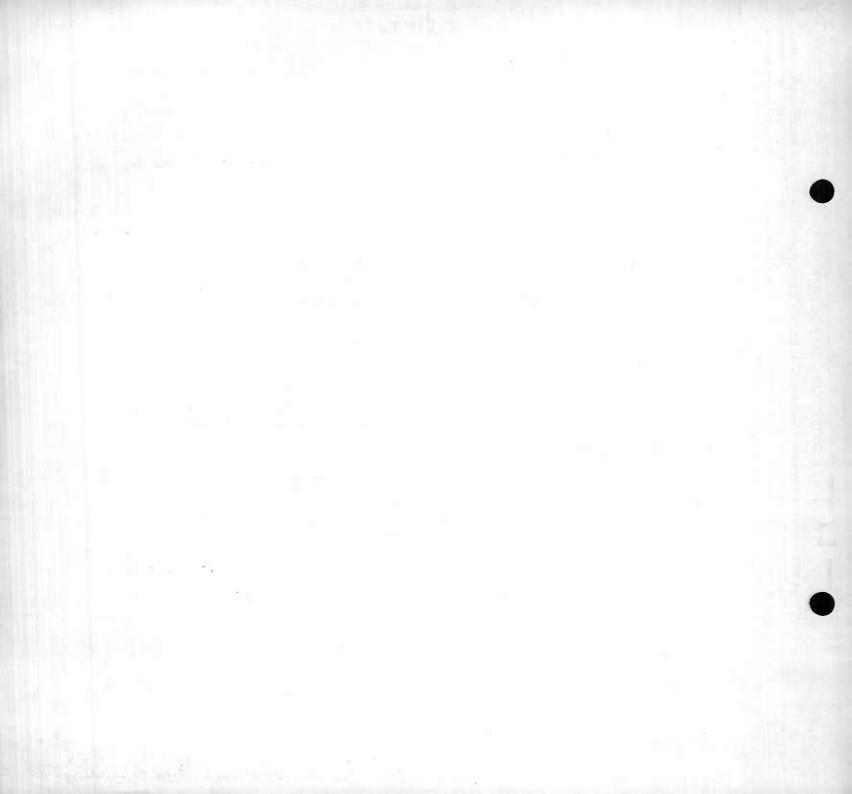
approved



DIRECTOR:

FUNERAL





Decedent's wife - informant.

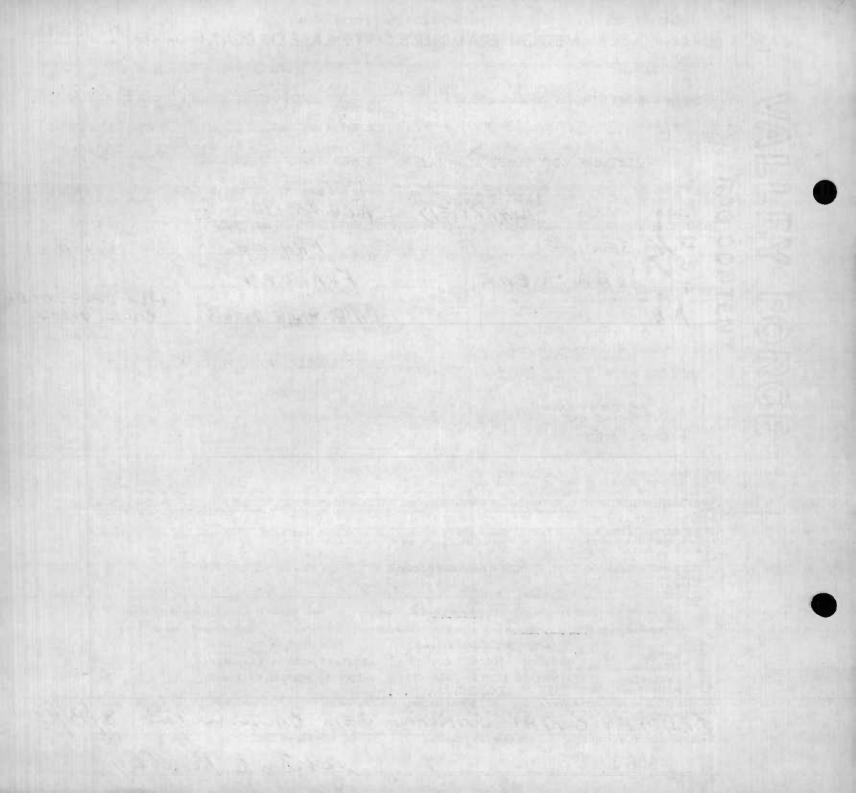
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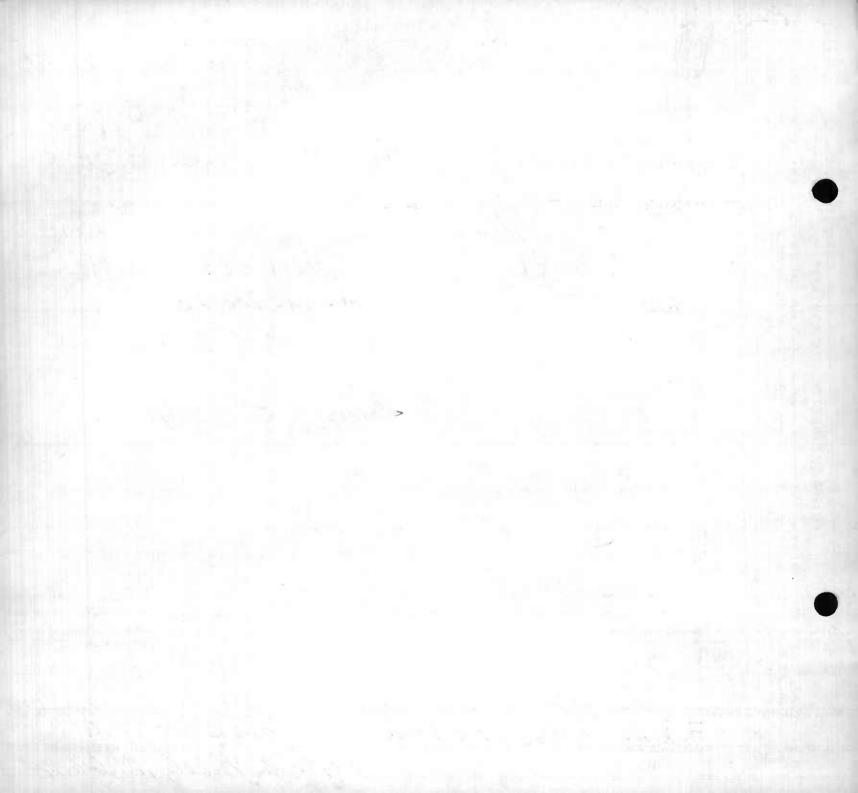
ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) EUGENIA FLORENZA 8-10-66 8:00 A. M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give pownship) HOSPITAL OR ADDRESS OR LOCATION Baltimore BALTIMORE CITY HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 6518 Colgate Avenue 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDO WED, DLYORCED (specify) lost birthdoy Months, Doys , Hours , Female White MARKIE 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PRANCE 14. MOTHER'S MAIDEN NAME 11,5, USEWIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1963 DENBURY (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. BALTO, 21222 MORIS 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Doy) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. Inspection X I certify that I held on Inquiry Autopsy ond that an this bosis, deoth In my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 8-10-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S RUDIGER BREITENECKER, M.D. NAME (Type) 23C. NAME of CEMETERY or CREMATORY 23A, BURIAL CREMATION. 238, DATE 23D. LOCATION CEM.

24C. FUNERAL DIRECTOR

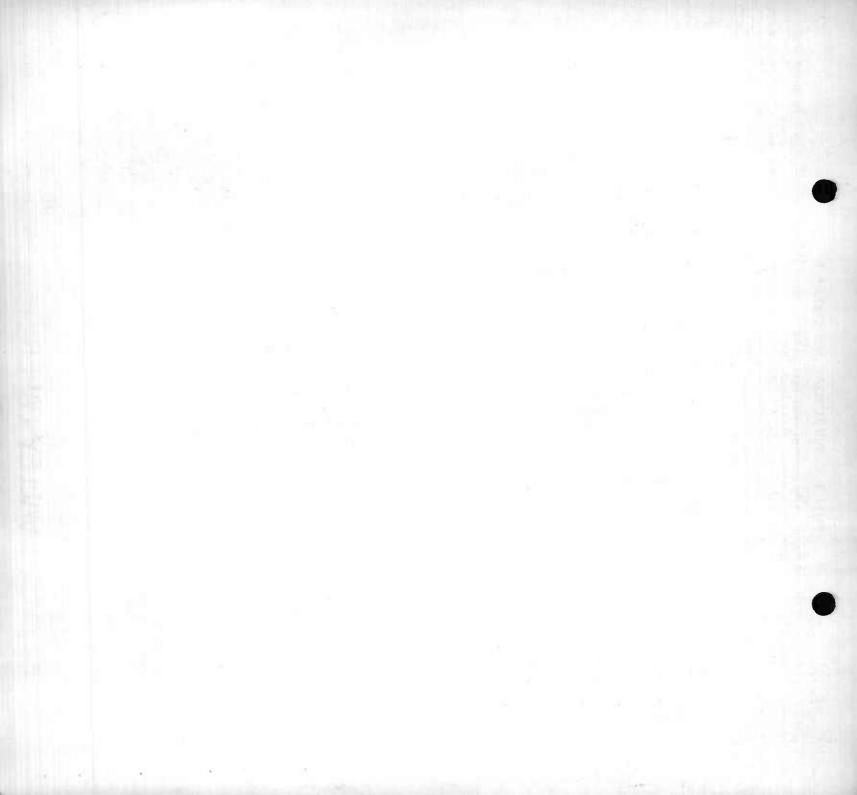
248 NAME OF REGISTRAR





IMPORTANT

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

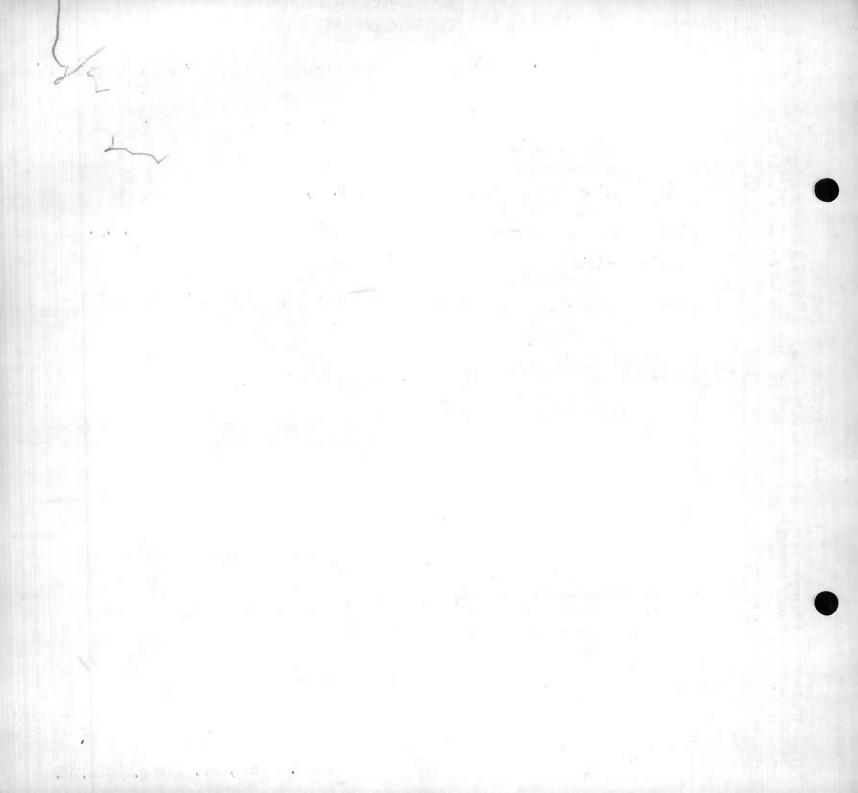
Hours

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

Md.

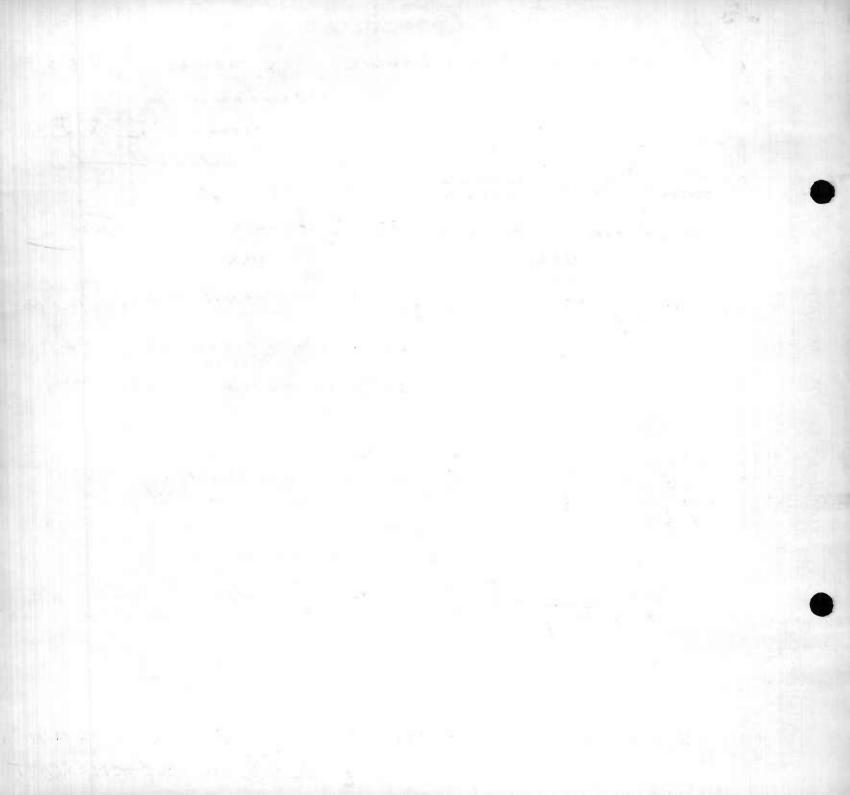


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FUNERAL DIRECTOR:

BIRTH NO.

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66 0820	יריו	BALTIMORE CITY	HEALTH DEPART	MENT		00 000	017	
00 0020		CERTIFICA	TE OF DE	ATH	Registered Na.	66 U82	J1	
CEASED			2	DATE AN	D HOUR OF DEATH	175.00		
Mattie Thomas				8-8-6	56	1	11:30	DM.
OF (If not in hospitol o	The state of the s	treel	4. USUAL RESIDE A. STATE Maryland	B. COUN	re deceased lived. If i	institution: residence		
oddress or lacotion)			C. CITY OR TOW		tside city limits, write	RURAL and give t	rownship)	
Provident	Hospital		Baltimo	re		100	A. Carrier	
1514 Divis	ion Stree	t	D. STREET ADDRE		rurol, give location)	0		_
Baltimore,			831 N.	Gi. Imor	Street			
	MARRIED, NEV	ER MARRIED ORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday) 93 Vrs	If Under 1 Yr. Months Doys	If Under 24 Hours Mi	Hrs.
UPATION (Give kind of work) I working life, even if refired) Maid	OB. KIND OF BUSI		Virginia		ign country)	12. CITIZEN OF WHAT CO	UNTRY?	
ME			14. MOTHER'S MA	AIDEN NA	ME			
?			?	?				
d Ever in U. S. Armed Forc vn) (If yes, give wor or dotes	of service)	SOCIAL SECURITY NO.— -20-3806	Virginia	Jones	- Noice	ADDR	Gilmor :	C+
0 0 1	420	CAUSE O		o ones	- Merce		AL BETWEEN	50.
ASE OR CONDITION DIRECTION LEADING TO DEATH	CTLY		Leur	(	lihan		AND DEATH	
nol meen the mode of , osthenio, etc. Il meens amplication which caused	the diseose,	DUE TO	7				1000000 0 100000 0 0 0 0 0 0 0 0 0 0 0	000000
ANTECEDENT CAUSES		(B)						10400044
OR CONDITIONS, if o		(C)						

		220-20-3806	Virginia Jone	es - Neice	831 N. Gilmor St.
	18. 7 - 2 0	CAUSE	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Leure	Rihar	ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)		, , , , , , , , , , , , , , , , , , ,		
	ANTECEDENT CAUSES	(B)		****************************	
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		wa. er		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)			ore City, give exact lacotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov	on August 8,	19.66and	that in(my) (aur) a	
	23A. SIGNATURE				23 B. DATE-SIGNED
	$\cap$	M.D. Att	ending Med. Director	Stoff Phys.	8-9-66
	23C. PHYSICIAN'S NAME (Type)	aredo M.D.	23D. ADDRESS Provide	ent Hospital ivision Stre	

Park

Harbert

24D. LOCATION

Baltimore

Nutter

E.

(City, town, or county)

3035 W. North Ave

Md

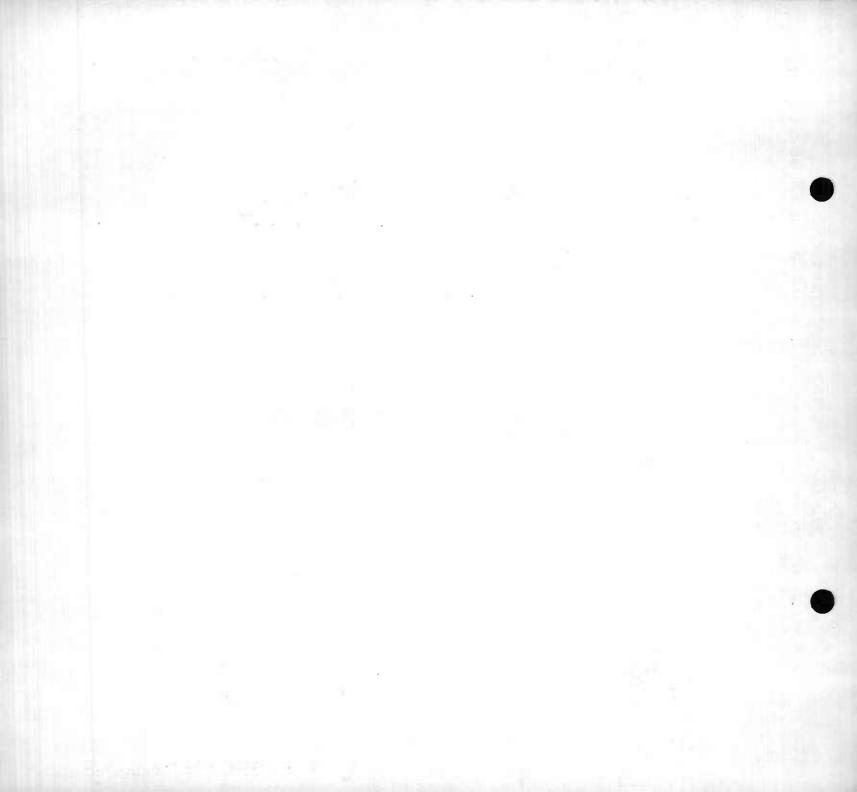
(State)

24C, NAME of CEMETERY OF CREMATORY

Arbutus Memorial

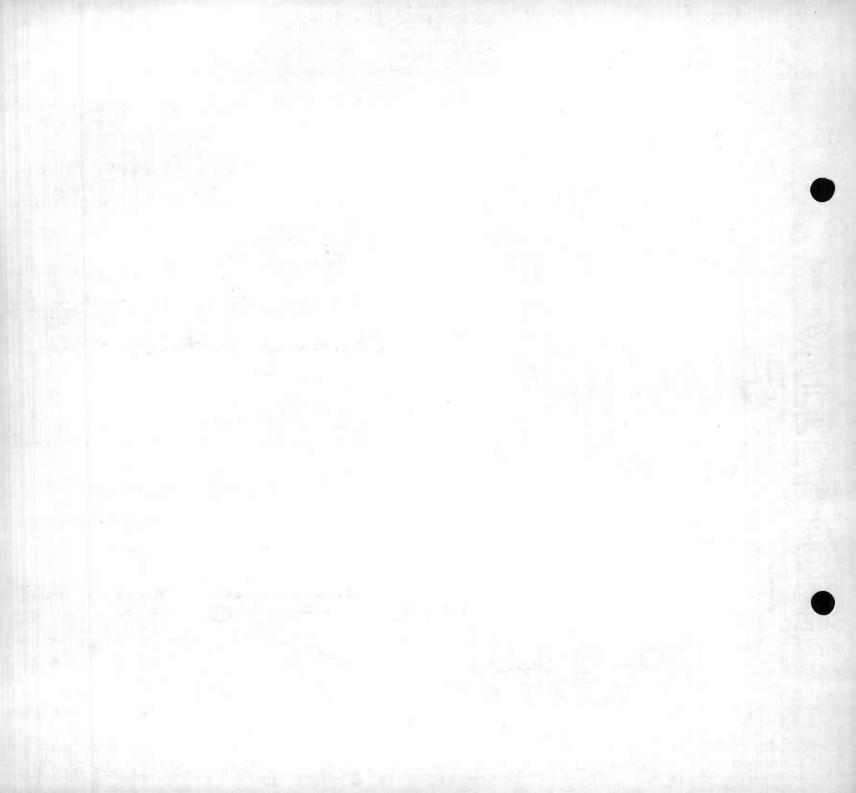
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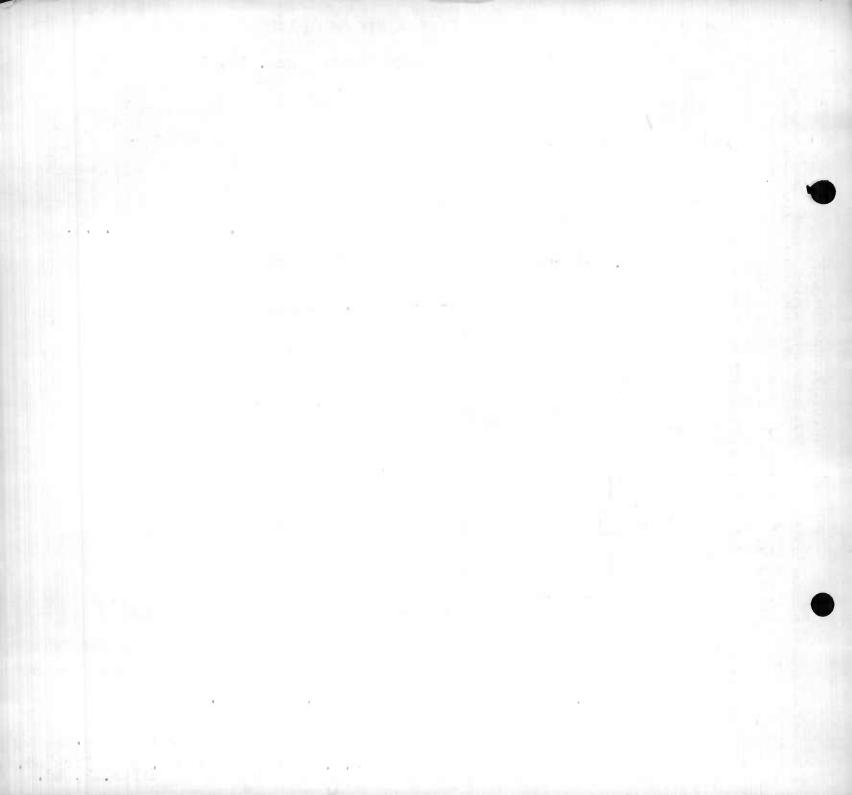
franchises for a 1990



	00 00000	BALTIMORE CITY H	EALTH DEPARTMENT		00 00000
	th No. 66 U8209	CERTIFICAT	E OF DEATH	Registered No	66 08209
1. N	E. CASE NO.	11 11		D HOUR OF DEATH	
C	dha Elizabeth Ta	160tt		1-66	11:00 AN
F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4	. USUAL RESIDENCE (When	e deceosed lived. Il insti	tution; residence before admission
	FULL NAME DF (If not in hospital or institution, give	ve street	MARYLAND		
	HD SPITAL OR oddress or location) NSTITUTION	2	CITY OR TOWN (If out	side city limits, write RU	RAL and give town hip)
	3325 Guynns F	ALLS PRWY	SALTIMORES,	urol, give location)	
,			3325 Gw	INNS FALLS	PKWY
S			DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
0	EMALE Coloned SEPA	DIVORCED (specily)	114 29, 1892	ost birthdoy!	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND OF 8			on country)	12. CITIZEN OF WHAT COUNTRY?
ni zi	House Mother My Then	ICA	BALLIMODE	152	U-5.7
-	FATHER'S NAME		MOTHER'S MAIDEN NAM	AE C	0.07.
	Albert Minkins		( TEOR GIA	( OSTLEY	
. 1	Wos Deceosed Ever in U. S. Armed Forces?	6. SOCIAL 17	INFORMANT	Conary	ADDRESS
5	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	1Rs. Lucilla W.	11 inn 2001	- GuyAND FALLS PK.
	18. / = 4 X	CAUSE OF I	DEATH	35×3	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			0 1	ONSET AND DEATH
	LEADING TO DEATH	(A)	oncer of	Rectum	5 years
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DOE 10	0		
	injury ar complication which caused death.)  ANTECEDENT CAUSES	(8)	F 731 1194		
	DISEASES OR CONDITIONS, if any, giving	DUE TD	9990 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1744441 0 17 180 880 410 880 0 0 0 0 0 0 0 0 1	77 P
	rise to the above cause (A) stating the	(C)		r= 0 00 000 0 0 000 0 000 000 000 000 00	1 <b>00 4 0</b> 00000000000000000000000000000000
	UNDERLYING CONDITION loss,				
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
2014	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
EKTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WH	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
		1 4 G C C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1	21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) etc.)	LACE OF INJURY (e.g., in o lorm, foctory, street, office	bldg., INJURY OCCUR?	UI in Boltimore C	City, give exact location)
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	OF INJURY While	NJURY OCCURRED  AI Not While	21F. HOW DID INJU	OKT OCCUK?	
	Work	Al Work			
	22. I certify that (1) (this hospital) attended the	1	_		eq 9 1966
	that (1) (we) lost saw the deceased olive on	July 26		t in (my)) (our) apinle	on death occurred on the dat
	ond hour ond from the couses stoted obove. (I) 23A, SIGNATURE	(We) (dld) (did not) view	w the body ofter deoth.	Les Les	OR DATE SIGNED
	D 00 h 00	M.D. Attendi	ng Med.	Stall -	3B. DATE SIGNED
	23C. PHYSICIAN'S		Director   I	Phys.	8 1-06
	23C. PHYSICIAN'S NAME (Type)	// M.D.	/ (	p(	) . p.// h.
A	BURIAL CREMATION, 24B. DATE   24C, NAM	AE of CEMETERY OF CREM	ATORY 124D 10	CATION (City,	1000 01 000 01 1 (SIZE)
	REMOVAL (Specily)	- 11 /	2	(	town, or county) (Stote)
5.4	SURIAL STILL 1258, NAME OF	REGISTRAR	EM. BA	LIMERE,	MARYLAND
	AUG 1 2 1966 1 2 2 2	FalleyMik	1/-1 N	TEN 3035	- W. North AVE
	THE ALL TOUR WINDOW.		HERDER! ENVI	ILEN 3035	NA. LADICIU MAC

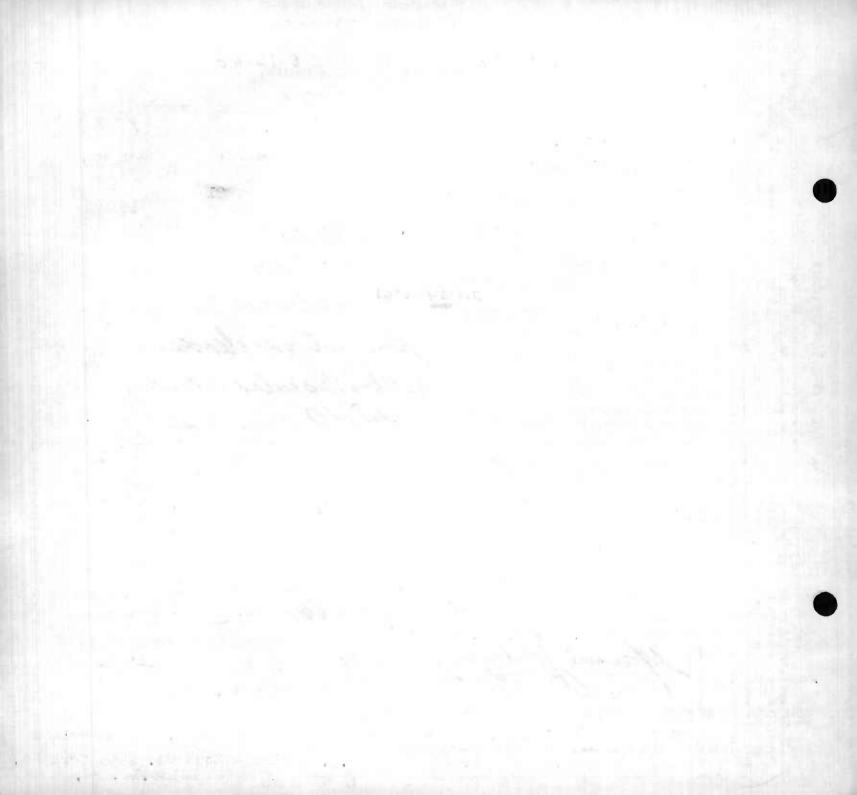
FUNERAL DIRECTOR: IMPORTANT







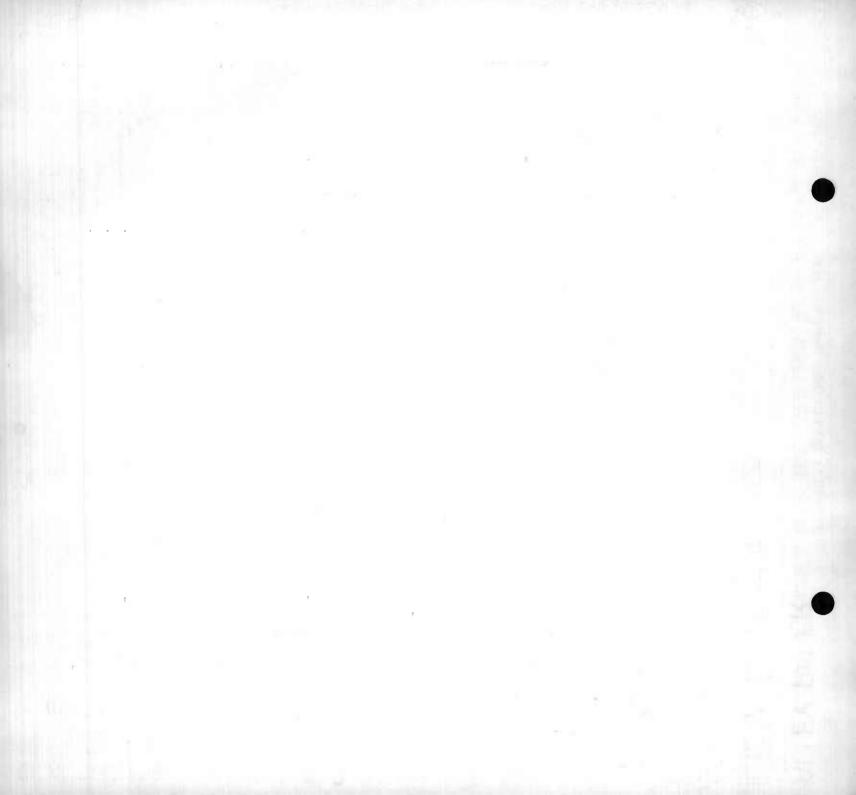
	AME OF DEC	EASED		2, DATE A	ND HOUR OF DEA	TH
Туре	e or Print)	TILLMAN.	Miss Jane	8-12	2-66	15:5
. PI	LACE OF DEA	TH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (WH	ere deceased lived. I	f institution: residence b
FI	ULL NAME O	E (If not in hospito	of institution, give street	Maryland		
H	OSPITAL OR	oddress or locati			utside city limits, wri	te RURAL and give tow
7	3111011014	<b>JENKINS</b>	MEMORIAL HOSPITAL	Baltimore,	21218	12-0
1		1000 S.C	CATON AVENUE		f rural, give location)	
		BALTIMOF	Œ,MD 21229	Cambridge Arm	s- Charles	& 34th Sts.
· S1	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.    Months Doys H
	F	W	Never Married	7/15/1875	91	
		JPATION (Give kind of wo	ork 108. KIND OF BUSINESS OR INDUSTR		/ 100	12. CITIZEN OF
one	Cle	working life, even if retired っつと	City of Balto.	Daltamana Ma		
3. F	ATHERS NAM		oron or parco.	Baltimore, Mo		USA
				The state of the s		
		as Tillman		Matilda Stor	ck	
5. V Yes,	Vos Deceosed	Ever in U. S. Armed F	otes of service) SECURITY NO.	17. INFORMANT		ADDRESS
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	injury ar com		ed death.)	boloscul	es are	let /
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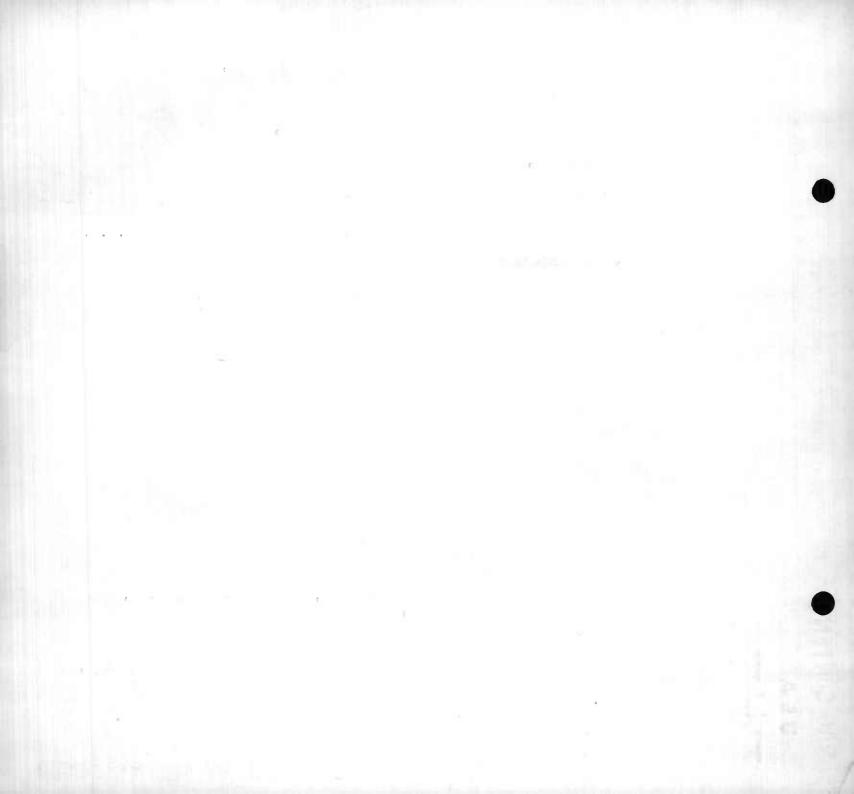


IMPORTANT

DIRECTOR:

FUNERAL



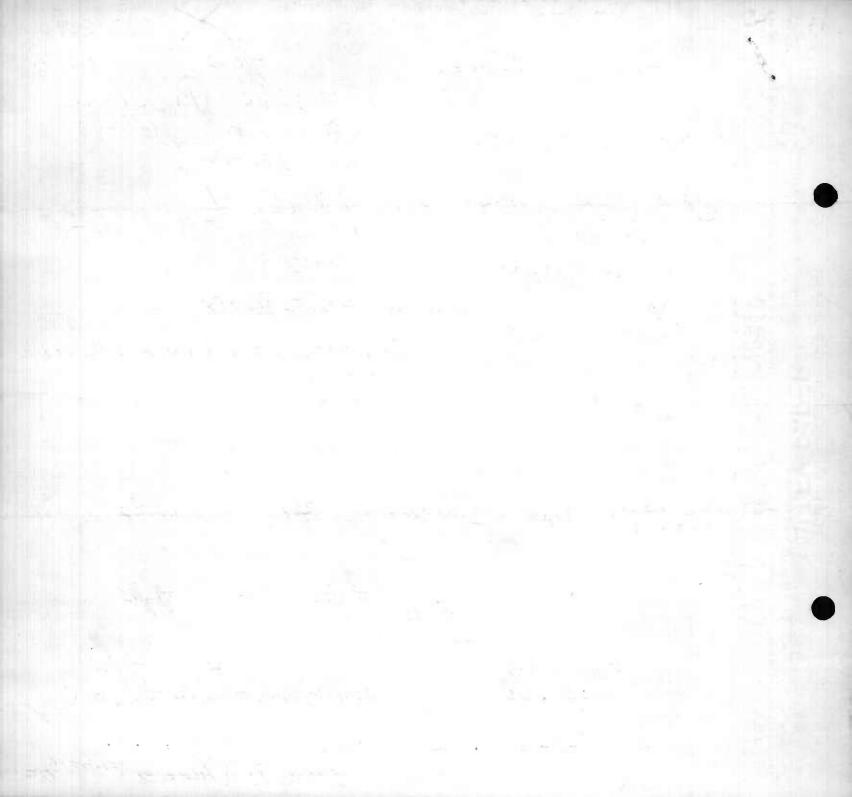


REMOVAL (Specify) 1860 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/65

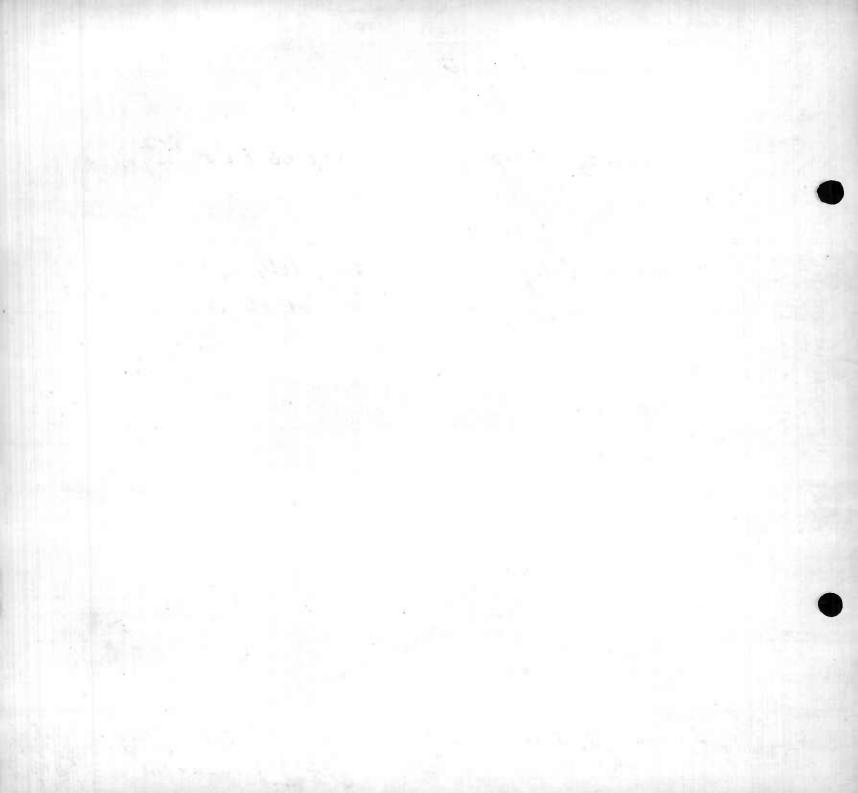
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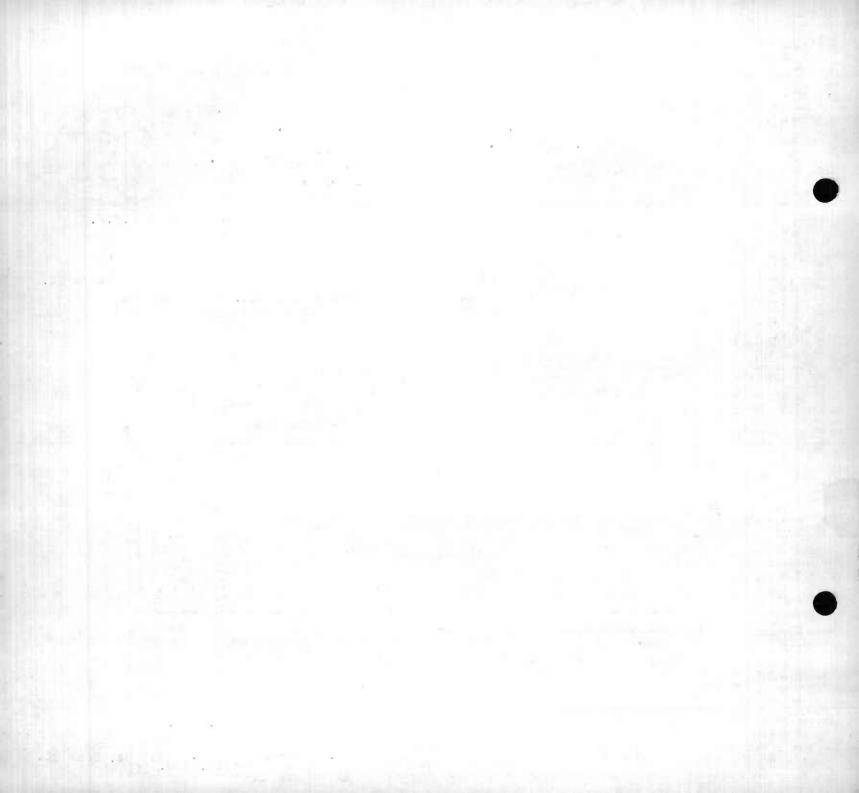


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NAME OF DECEASED	,	2. DATE AN	D HOUR OF DEATH	0
marginette ( D	TRUMP	8	2/66 /	m
PLACE OF DEATH BAUMORE MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived, tl in: TY	stitution: residence belore odmiss
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FULL NAME OF (If not in hospitol or institu	whon, give street	C. CITY OR TOWN (If out	side city limits write R	URAL ond give township)
INSTITUTION		:000	and any mine, mine	
		D. STREET ADDRESS (If	rurol, give location)	Fry Do
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one during most of working life, even if refired	t Home			
3. FATHER'S NAME	1 Home	14. MOTHERS MAIDEN NAM	AE	087
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& hester Riley		Eleenbeth	Walts	
was Deceased Ever in U. S. Armed Forcestes, no or unknown) (II yes, give wor or dotes of ser	16. SOCIAL	17. INFORMANT		ADDRESS
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(This does not mean the mode of dying, heart failure, asthemia, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, as is to the above cause (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this hospital) otten that (I) (we) last sow the deceased alive and hour and from the couses stated about the couses stated about the couses stated about the couse of the couses stated about the couse of the couses stated about the couse of the couse of the couse of the couse stated about the couse of	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the land of th	20A. AUTOPSY? (Yes of No in of obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 4 4 and the view the body ofter death.	Jes Melles  208. IF YES, WERE F IN CERTIFYING CAU  (If in Boltimore  URY OCCUR?  9 (a. to	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)  8 12 19 6
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(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the above couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this hospital) often that (I) (we) lost sow the deceased alive and hour and fram the couses stated about 23A. SIGNATURE  23C. PHYSICIAM'S NAME (Type)  ALALYA DATE	Seose,  (B) AS DUE TO DUE TO OUE TO SUTING O THE  PACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	Jes Mellig  208. IF YES, WERE F IN CERTIFYING CAL  (If in Boltimore  URY OCCUR?  19 (a. to  pot in (my) (our) opin  Stoff Phys D.  Hy Hosp	Sity, give exact location)  8 12 19 6  1238, DATE/SIGNED  8 12 4
(This does not mean the mode of dying, heart foilure, asthemia, etc. It means the disinium or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, is is the obove couse (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  179A.DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)  22. I certify that (I) (this hospital) otten that (I) (we) lost sow the deceased alive and hour and fram the couses stated about 23A. SIGNATURE  23C.PHYSICIANS NAME (Type)  Addaxa Skr.	Seose,  (B) AS DUE TO DUE TO OUE TO SUTING O THE  PACE OF INJURY (e.g., in the property of the	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	Jes Melly  208. IF YES, WERE F IN CERTIFYING CAL  (If in Boltimore  URY OCCUR?  19 (a. to	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)  8 12 19 6  nion death accurred on the second
(This does not mean the mode of dying, heart foiluse, asthenia, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the above couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  22D. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive and hour and fram the couses stated about the couse stated and hour and fram the couses stated about the couse state	Giving Ihe (C)  SUTING O THE DIAGE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., ihome, lorm, foctory, street, of etc.)  21 E. INJURY OCCURRED  While At Not White At Work  and the deceosed from the control of th	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or	Jes Mellig  208. IF YES, WERE F IN CERTIFYING CAL  (If in Boltimore  URY OCCUR?  19 (a. to  pot in (my) (our) opin  Stoff Phys D.  Hy Hosp	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)  8 12 19 6  nion death accurred on the control of
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(This does not mean the mode of dying, heart feiture, asthenia, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the above couse (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this hospital) often that (I) (we) lost saw the deceased alive and hour and fram the couses stated about the couse of the couse stated about the couse stated obased of the couse stated obase	Giving Ihe (C)  SUTING O THE DIAGE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., ihome, lorm, foctory, street, of etc.)  21 E. INJURY OCCURRED  While At Not White At Work  and the deceosed from the control of th	20A. AUTOPSY? (Yes of No in of obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY of the body offer death.  22D. ADDRESS  LEMATORY 24D. LEMATORY 24D. LEMATORY	Jes Melles  208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  URY OCCUR?  9 (a. to	SINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  8 12 19 6  Thian death accurred on the sign of the



FUNERAL DIRECTOR: IMPORTANT

	00 00010		BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08219
IRTH NO.	66 08219		CERTIFICA	TE OF DEATH	Registered Na	. 00 00213
A.E. CASE NO			CERTIFICA			
NAME OF D				2. DATE	AND HOUR OF DEAT	11320
	Emma HUBLI			1/2	ue 9,16	166 4 - 11-1
	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WA. STATE 8. COL	here deceased fived. If	institution: residence before admission
HOSPITAL O	R oddress or location	of institution,	give street	C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
INSTITUTION	Century Ho	me T	ne	Balto.		-10/
7			110		If rural, give location)	91
0	102 N. Pac	3 5 L.			k Ave.	
, SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
F	W	Wibowe	?	10/18/90	75	
A. USUAL OC	CUPATION (Give kind of work	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	of working life, even if retired)					WHAT COUNTRY?
	?		?	?		0.5.11.
3. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
	?			2		
W. D.	and Even in 11 F. A F.	?	11.6 cocial	17 10150014 5217		a Appares
es,no or unkno	sed Ever in U. S. Armed Fore	s of service)	SECURITY NO.	17. INFORMANT		Saratuga St.
NO			217 20 520	Father Joe	St. Alphons	us Park Ave&
18.				DF DEATH		INTERVAL BETWEEN
7			CAUSE	DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY	_	- 1	1	
	LEADING TO DEATH		··· (°A	Da Rosa	un Some to	allene
(This does	s not meen the mode of	dying, e.g.,	DUE TO	p		
heort foifu	re, osthenio, etc. Il meons	the discose,		missip He	art ta	clone
injury or o	complication which coused	deoth.)	10	16	1 1	
	ANTECEDENT CAUSES		(8)	Husters	per cc	TT.
DISEASES	OR COMPITIONS :		DUE 19	n, Anten	oschelosi	>
	OR CONDITIONS, if (		(c) T	31 10 11		
UNDERLY	ING CONDITION lost.	storing the	(6)		00	
Z OTHER SIG		ONTRIGUE				
OTHER SIC	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS	TED TO TH	G IF			
DISEASE (	OR CONDITION CAUSING I	T.				
			WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
0	WAS PERF	URMED			IN CERTIFYING C	AUSES OF DEATH?
21A. ACCII	DENT WAS UNDERLYING	218	PLACE OF INITION (a.a.	in or about 21C. WHERE DID	(If in Rolling	ore City, give exoct locotion)
OR CONTR	BUTING CAUSE OF	hon	ne, form, foctory, street, o	office bldg., INJURY OCCUR?	(If in politime	ore willy, give exoct tocomon)
	tify medical examiner	etc.				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NIURY OCCUP?	
OI MASOKI					TORT OCCUR:	
(APPROX.)		Wh	ile At Not Whi			
20.				11 11 1 1	11/10	11 = 11 + 1 + 1
ZZ. I certi	Ify that (1) (this hospital	) attended t		The same	196 6 to CE	7 19 0 1
that (I) (w	re) last saw the decease	d alive an	augus	919066 and	that in (my) (ser) a	pinion death occurred an the de
		ed above. (	i) ( <del>regional</del> ) (did not)	view the bady after death	lo .	
23A. SIGNA	TURE		1			23 B. DATE SIGNED
11	110,10	1 2000	M.D. AH	ending Med.	Sloff Z	\$15/66
220 8117	CHANGE CO	puy	Carry 3	/s. Director	Phys.	0111
23C. PHYSIC NAME	CIAN'S (Type)			23D. ADDRESS	. 11	, 0
111511	1 pm 1 An	01+6	471 M.D.	CS on Van	16 teren	15/10
A PIIDIAL C	REMATION 248 DATE	1010 11		0 101	X	
REMOVA	L (Specify)		AME of CEMETERY OF CR	EMATORY 24D.	Balto., Md.	City, town, or county) (State)
Buria]	8/13/6	6 Ne	ew Cathedral		barto., Md.	
			P PROJETE A	loca musical distriction of the control of the cont		
SA. DATE REC		S. NAME	OF REGISTRAR	Wm. COOK BY	ooks Inc.	1217 St. Paul Skt
	Und TO 1200 (	Walse O	E. Janker MA	C A C C	Balto. , Mo	1. 21202
						/1/1/
S 150-REV. 1/				U		



BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

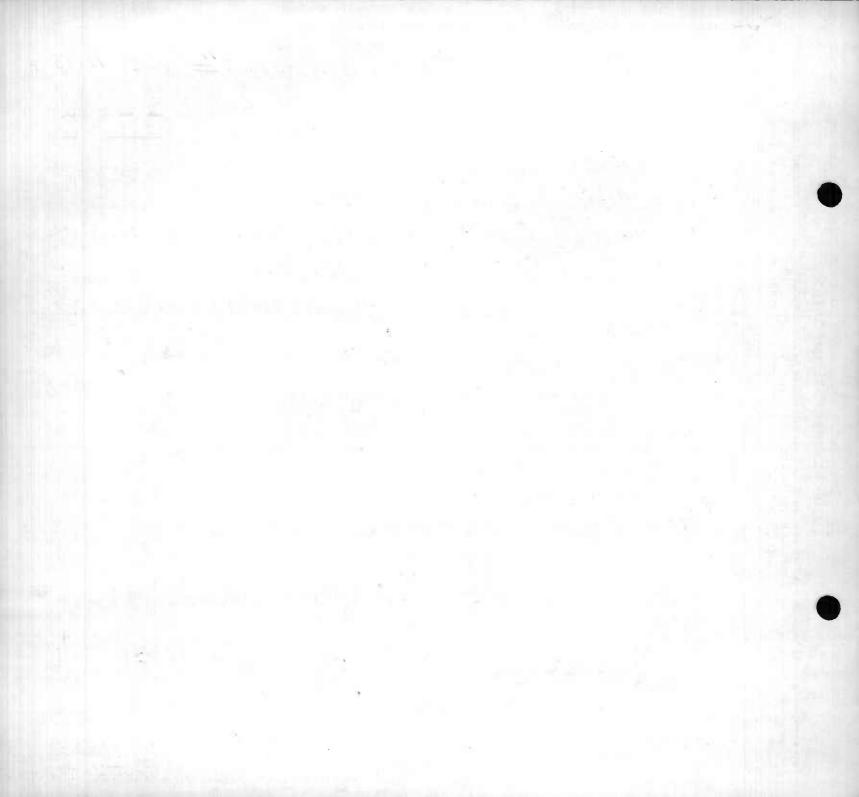
Hours

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

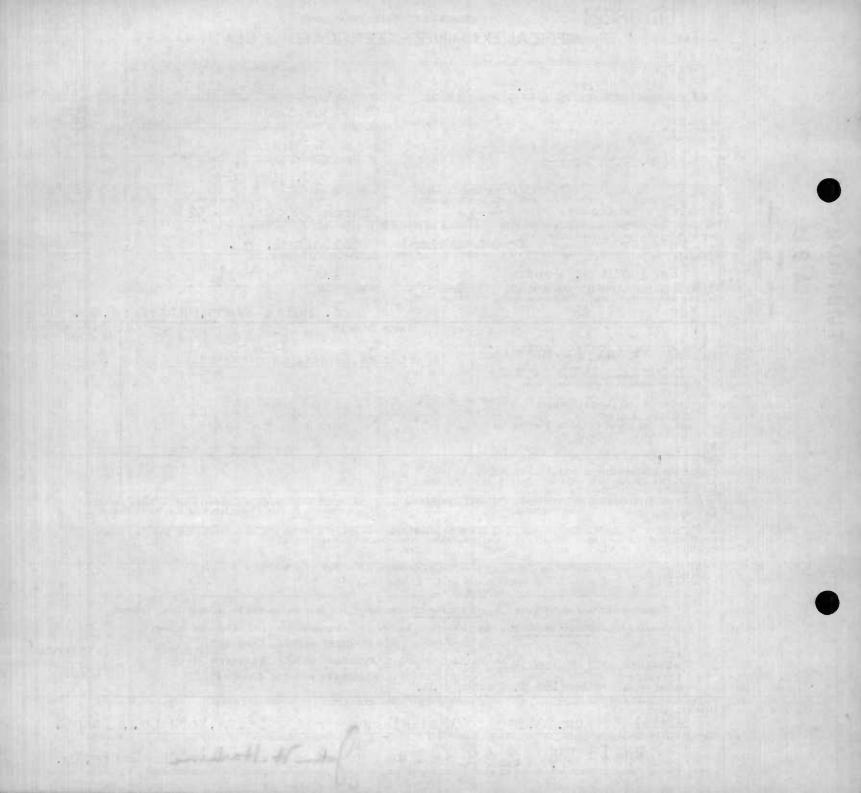
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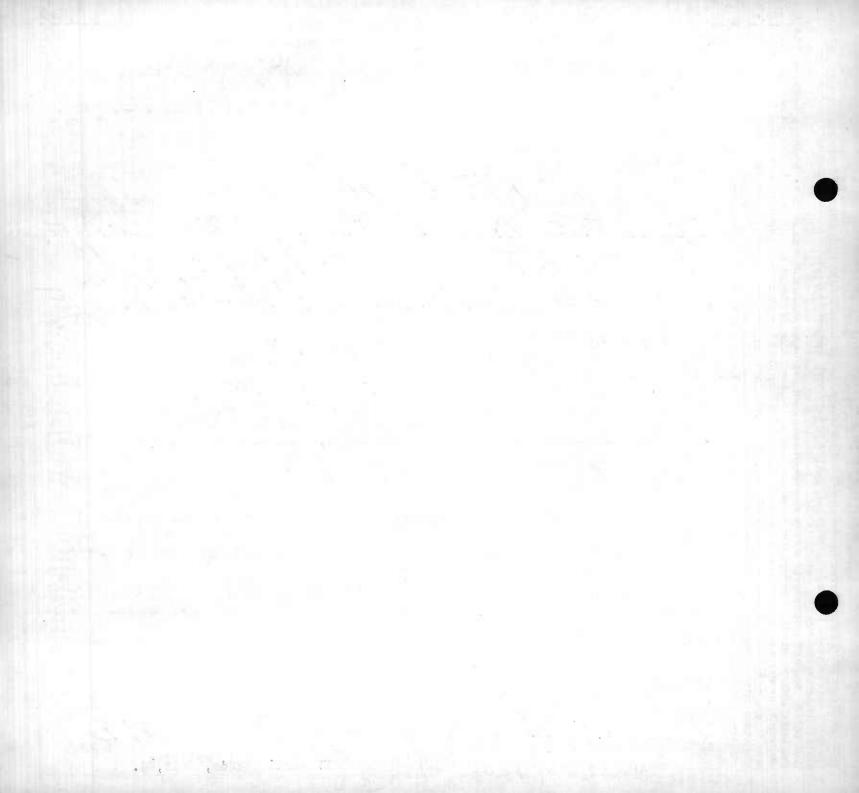
BIRTH NO.

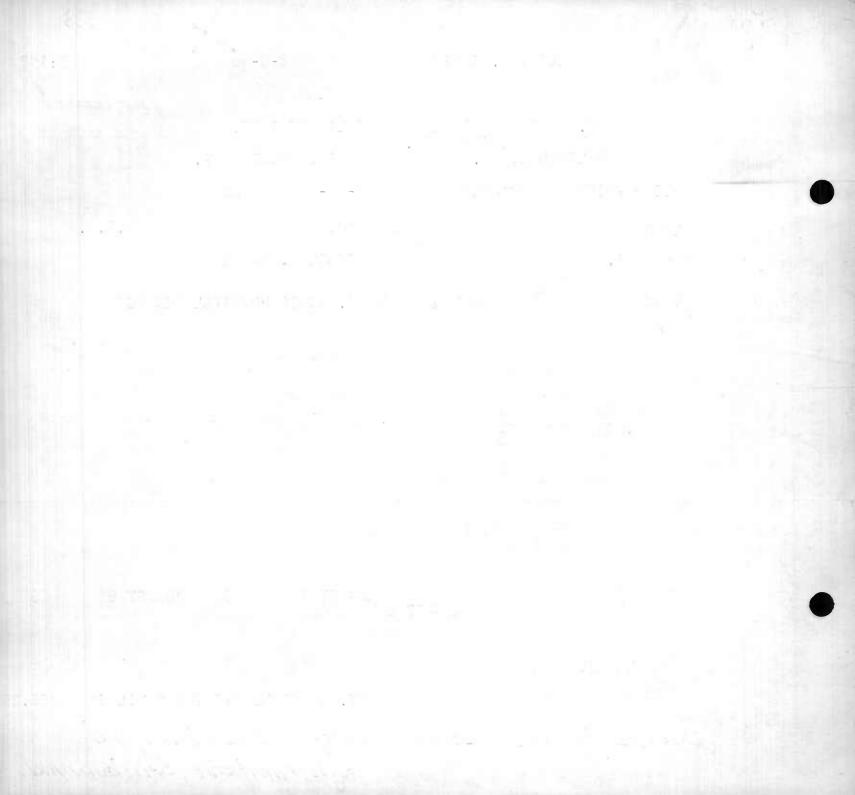
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.			
	NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED	DEAD
	ELMO	A. JONES	August 11, 1966	11:20 P M.
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institut A. STATE B. COUNT	ian: residence befare admission)
HO	L NAME OF (IF NOT IN HOSPITA SPITAL OR ADDRESS OR LOCA TITUTION	AL OR INSTITUTION, GIVE STREET	Maryland  c. CITY OR TOWN (If outside corporate limits, write Ri	
100	TO TON		Baltimore	
0	7 S. High Street		D. STREET ADDRESS (If rurol, give locotion)	
			7 S. High Street	
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED		If Under 1 Yr, If Under 24 Hrs.
	Male White	Single	March 19,1914 59	Manths Doys Haurs Min.
10A	. USUAL OCCUPATION (Give kind of work			2. CITIZEN OF
don	e during most of working life, even if retired) Painter	Construction	Whiteford, Md.	WHAT COUNTRY?
13.	FATHER'S NAME	Construction	14. MOTHER'S MAIDEN NAME	OUN
	Benjamin H. Jon		Annie Barrett	
15.	WAS DECEASED EVER IN U.S. ARMED i, na or unknawn) (If yes, give war or dote	FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT A	DDRESS
	Yes WW2		Mrs. Dolan Evans, White	ford . Md .
	1B. /	CAUSE	OF DEATH	INTERVAL BETWEEN
	Tours are an equipment of			ONSET AND DEATH
	DISEASE OR CONDITION DIE LEADING TO DEATH	Arter	iosclerotic Cardiovascular Di	Sease
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused o	dying, e.g., DUE TO		
	ANTECEN DENT CAUSE	•		
	ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A	/D)	•••••	***************************************
	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE		
z	ONDERCTING CONDITION LAST.	(C)		
은	-			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
ERT	19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDI	INGS CONSIDERED
O	WAS PERF	FORMED	No IN CERTIFYING CAUSES	OF DEATH?
EDIC	21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	exact lacation)
Σ	21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR?	
		m. WORK AT W		
	22. I certify that I held an Ir	nquiry Inspection X Au	tapsy and that an this basis, death in my	apinlan
	resulted fram: Natural cau			
	$\bigcap$ /	12	CHIEF MEDICAL EXAMINER	DATE GOVED
	ACTUAL SIGNATURE	acles I telly M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	s S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER	8/12/66
23A	BURIAL CREMATION, 23B DATE	23C. NAME OF CEMETERY O	T CREMATORY 23D. LOCATION (City, to	wn, or county) (State)
REA	Burial Aug. 1			
24#	DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	246. FUNERAL DIRECTOR	ADDRESS
	AUG 15 1966	Robert E. Farley MA	John H. Harline	Delta, Pa.
VS	151-REV. 1/1/65	456110	0000	



	.00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
- 12	RTH NO.	MION CERTIFICA	TE OF DEATH	Registered Na	66 08222
1	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	1
	Type or Print)	+ KOLHEDI	10A	money 1966	, 16:20 P M
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	of deceased lived. If inst	tution: residence before admission)
ii.	FULL NAME OF (If not in hospital or instituted oddress or location)	ion, give street	C. CITY OR TOWN III SU	rside city limits, write RU	BAL contagive township)
	INSTITUTION		BOLDING	iside city lillins, willey ko	1 02
1	MUNICHESTO A MA	unhad		rura, give (acotian)	
	William De Living		286 UXT	rd st.	
	7 N WIDO	NED NEVER MARRIED	10-31-23	9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	DA, USUAL OCCUPATION (Give kind of work 10 B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
	DOMESIIC /	YONE	DALT.	MD.	U.D.H
ľ	3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
1	5, Wos Deceosed Ever in U. S. Armed Forces?	1 6, SOCIAL	17 INFORMANT TO	NOY	V/V
(	(es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	12. 17/1	1/07/
	NONO	UNKNOWN	11100	h101d5	PLACE
	DISEASE OR CONDITION DIRECTLY	CAUSE	F DEATH	)	ONSET AND DEATH
	LEADING TO DEATH	(A)	espication by	15	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	N.O.		-2 a 4 \$ *** 4 a 4 a 4 a 4 a 4 a 5 a 5 a 4 a 5 a 5 a
	injury ar camplication which coused death.)	(B)	PHELINICO	MEUNGAL	
	DISEASES OR CONDITIONS, if any, gi	DUE TO		011	000 0 H 1 2 000 2 H 1 H 1 0 H 2 2 H 2 H 1 H 1 0 0 0 H 1 H 1 H 1 H 1 H 1 H 1 H
	rise to the above cause (A) stating UNDERLYING CONDITION tast.		Khlumococcol	THELIMBH,	0
	li l				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		mohut		
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIN	
		losp et a construction	1010		
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	III in Boltimore	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	While AI Not While At Work	° 🗌 ,	()	1 1 1
	22. I certify that (I) (this haspital) attend			19 00 to D	Any 6. 20/ 19 66
	that (I) (we) last sow the deceased alive		1/	at (n(my) (our) opini	an deoth occurred an the dote
	and haur and from the causes stated above	ve. (1) (We) (did) (did nat) v	riew the bady after death.		
	23A. SIGNATURE	ALD. AHO	ending Med.	Stoff -	23B. DATE SIGNED
	23C. PHYSICIAN'S	XMDID! Phy	s. Director	Phys.	10 Aug 66
	NAME (Type)	Ed In or M.O.	1/1/12	12-0:2.1	Sold inte
1	4A. BURIAL CREMATION, 24B. DATE	LICHOLDI	EMATORY 24D	QCATION (City,	, lown, or county) (State)
	REMOVAL (Specify) 8/13/66	MICAL	VARY 7	ATT	MID
54		ME OF REGISTRAR	25C, FUNERAL DIRECTOR Charles W. 1 1317 North	111 Nonted	ADDRESS
	AUG 15 1966 P.C.	of E. tarbuna	1317 North	Vende, Balt,	Wel.
V	S 150-REV. 1/1765	16000	11 8 2 2 2	)	



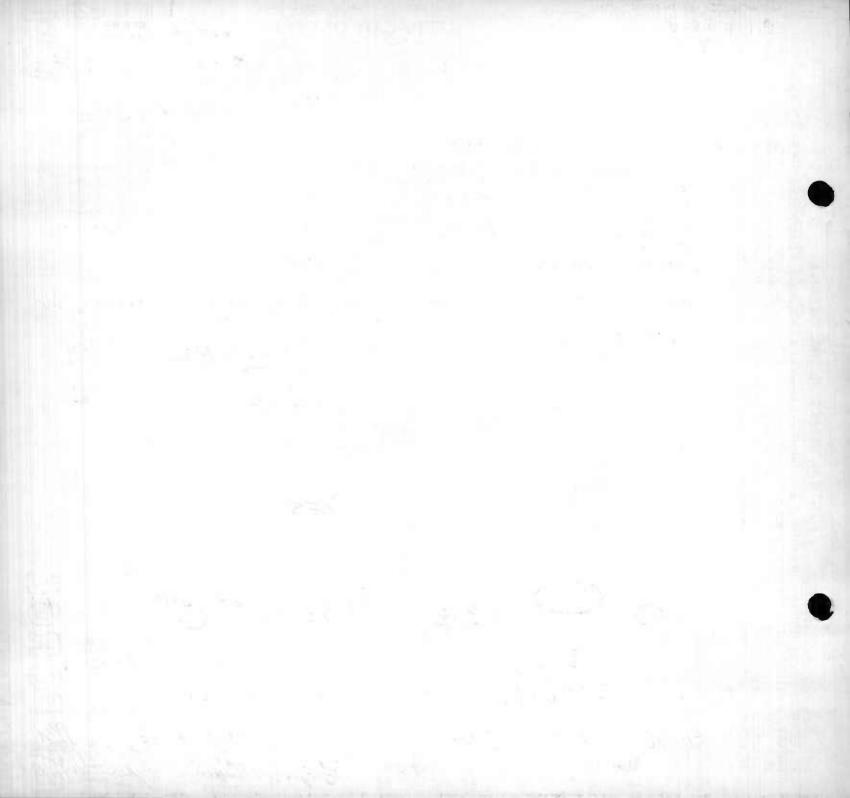


SAMULE STREET JAKES THE PERSON WILLS I was all in colour I. Smartt Rough At 72.01 Ly tuping so as disperted SHARWE CONTRACTOR Bureau Spratters

	00 0000		BALTIMORE CITY	HEALTH DEPARTMENT		66 08225
BIRTH NO.	66 08225		CERTIFICA	TE OF DEATH	Registered Na.	00 00220
NAME OF DEC	CEASED LAGGIE L.	BROW	N	2. DATE A	NO HOUR OF DEATH	7 3%
	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. II	institution: residence before admissi
FULL NAME (	OF (II not in hospitot oddress or locatio	or institution, g n)	ive street	MARYLAND C. CITY OR TOWN (IF	utside city limits, write	RURAL and give township)
INSTITUTION	LUTHERAN	1 1+051	OITAL	BALTIMORE		5200
-6	OF	MARYLA	Cur		f rural, give tocation)	
				5913 LEEWO	BULLIUA CO	
. SEX	6. RACE NEG RO		NEVER MARRIED, DIVORCED (specify)	B. DATE OF BIRTH  2-2-83	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Doys Hours Min
	UPATION (Give kind of wor			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Heuse u	working life, even if retired)	17	omy	HARYLAND		USA
FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	00
Charle	s Robinson	1		Unknow	N	
. Wos Deceoses	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	n) (If yes, give wor or dat	es of service)	SECURITY NO.	Miss Mollie	OFNINA	Henryton, Mel
			CAUCE	1 1.0	Brown	INTERVAL BETWEEN
18.	X		CAUSE O	P DEATH	.0	ONSET AND DEATH
DISEA	SE OF CONDITION DI LEADING TO DEATH	RECILY		PL. VII.	486 00	1dnu
	not mean the mode of		DUE TO	etelital Hos	morringe	
	, osthenio, etc. It meons			1		
	ANTECEDENT CAUSES		(B)	H Was lend	in	YEARS
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	OR CONDITIONS, if above couse (A)		(C)			
	G CONDITION last.	3	***************************************			
	II					
TO THE D	DEATH BUT NOT REL.	ATED TO THE				
19A. DATE O	F OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 B. home	PLACE OF INJURY (e.g., in e, lorm, foctory, street, of	or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltima	re City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		While	e At Not While	e		
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		ted abave. (I)	(We) (did) (did nat) v	iew the bady after death		
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23C. PHYSICIA	AN'S - I T A	RE	TAIF M.D.	23D. ADDRESS	tospital	
4A. BURIAL CRI	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (	City, town, or county) (Stat
PREMOVAL	(Specily) 8-13-		let Tiller	1. Chart	Xhumand	1. ml
Dullal			wi green	y ceruly	Howard	Ct. 1110
TOW DAIL KECT	BY HEALTH DEPT.	25B. NAME O	L KEOISTEAK	25C. FUNERAL DIRECTO	1/ 4/1.	ADDRESS

Robert

5 1966



	on or Print) Edward	Boyer Chase	2. DATE AND HOUR OF DE	ATH 1 7
3. F	PLACE OF DEATH IN BALTIMORE, A		4. USUAL RESIDENCE (Where deceased lived	If institution; residence before
			A. STATE B. COUNTY	
- 8	HOSPITAL OR oddross or loco	tol or institution, give street nion)		mite RURAL and give townsh
)	NSTITUTION		Baltimore !	18-03
	1. 1.	11 / 1 // 11 11	D. STREET ADDRESS (If rural, give location	n)
	University of 1			5%
5. 5	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	8. DATE OF BIRTH 9. AGE (In yours last birthday)	If Under 1 Yr. If U
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	e during most of working life, even if retired	vork 10 B. KIND OF BUSINESS OR INDU	44 / 1	12. CITIZEN OF WHAT COUNTR
	assembly line	Fisher body	Maryland	USA
13.	FATHERS NAME	O .	14. MOTHER'S MAIDEN NAME	
	Henry E. Cha	u	Rose I. Care	
15. (Ye:	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wer or d	Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	YES W.W. TI	212-03-44	19 Wife - Leng Chang	1044 W. Lo
	18. 4 8/ /)	CAUS	SE OF DEATH	INTERVAL B
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	hearl loilure, asthenia, etc. Il meo injury or complication which cous	ons the disease,	- 1001:	
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1. NAME OF DECEASED		2.	DATE AND HOUR PROP		
Thomas MOSES	SMITH		August 12, 1		2:50 A M.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE	CE(Where deceased lived	d. If institution: residence B. COUNTY	ence belore odmission)
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LOC	TTAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL on	d give township)
INSTITUTION			imore	5	2
1 <b>8</b> 21 N. Gay Stree	t		S (If rurol, give location)	0	
1021 N. day Beree		1821	N. Gav Stree	et	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DLYORCED (specify)	8. DATE OF BIRTH	9. AGE (In	n veors If Under	Yr. If Under 24 Hrs. Doys Hours Min.
Male Negro	Single	6/30/1	2 54		
IOA, USUAL OCCUPATION (Give kind of widden during most of working life, even if retired		TRY 11. BIRTHPLACE (ST	ote or foreign country)	12. CITIZE	N OF COUNTRY?
Unemployed				U	SA
3. FATHER'S NAME		14. MOTHER'S MAF		- 00 00	
Unknown 15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16. SOCIAL	Unknown		ADDRESS	
(Yes, no or unknown) (If yes, give wor or de			Property and the		
118.		Mr Clayb	orn 1821 N		INTERVAL BETWEEN
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CTUAL  CTH S does not meen the mode heart loiture, ostherio, etc. 11 meen injury or complication which couse antecept of the couse injury or complication which couse antecept of the couse injury or complication which couse antecept of the couse injury or complication which couse antecept of the couse injury or complication which couse injury or complication in the couse injury of the	TH  of dying e.g., ins the disease, d death.)  ISES  ANY, GIVING STATING THE T.  (C)	20A. AUTOPSY? ( NO p., in or obout 21C. WH office bidg., INJURY C  21F. HOW T WHILE WORK  Lutapsy and t Ide Hamicide CHIEF MED D. ASSISTANT MED	Yes or No) 208, IF YES, IN CERTIFYIN  ERE DID (If in Boltimore)  CCUR?  / DID INJURY OCCUR?  hat an this basis, dec	WERE FINDINGS CC G CAUSES OF DEA City, give exoct loc ath in my opinian d manner	PN SIDERED (TH?
CTUAL SIGNATURE  LEADING TO DEA:  (This does not meen the mode heart loilure, ostherio, etc. 11 meo injury or complication which couse heart loilure, ostherio, etc. 11 meo injury or complication which couse heart loilure or complication which couse heart loss and the mode injury or complication which couse injury or complication has:  ANTECENDENT CAUSE (1)  INTERPORT OF THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS:  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT INJURY (APPROX.)  19A. DATE OF OPERATION 19B. COWAS P  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (You can be a seen of the property	TH  of dying e.g., ins the disease, d death.)  ISES  ANY, GIVING STATING THE  T.  CO	20A. AUTOPSY? ( NO Pr. in or obout 21C. WH office bidg., INJURY C  21F. HOW T WHILE WORK  Lutapsy and t Ide Hamicide CHIEF MED ASSOCIATE MEI	Yes or No) 208. IF YES, N IN CERTIFYIN  ERE DID (If in Boltimore CCUR?  / DID INJURY OCCUR?  hat an this basis, decomposition of the control	were findings CC G CAUSES OF DEA City, give exoct loc	ON SIDERED (TH? Cotion)  DATE SIGNED 3/12/66
CITIES does not meen the mode heart loiture, ostherio, etc. 11 meen injury or complication which couse ANTECENDENT CAU DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS'  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSII OF A DEATH OF OPERATION 198. COWAS PUNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21 A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21 D TIME (Month) (Doy) (Y. (APPROX.))  22. I certify that I held an resulted fram: Natural cause of Death Cause of Deat	TH  of dying e.g., ins the disease, d death.)  ISES  ANY, GIVING STATING THE T.  (C)	20A. AUTOPSY? ( NO Pr. in or obout 21C. WH office bidg., INJURY C  21F. HOW T WHILE WORK  Lutapsy and t Ide Hamicide CHIEF MED ASSOCIATE MEI	Yes or No) 208, IF YES, IN CERTIFYIN  ERE DID (If in Boltimore CCUR?  / DID INJURY OCCUR?  hat an this basis, dec Undetermined DICAL EXAMINER	WERE FINDINGS CC G CAUSES OF DEA City, give exoct loc ath in my opinian d manner	ON SIDERED (TH? Cotion)  DATE SIGNED 3/12/66
CITY OF CONTRIBUTION OF INJURY (APPROX.)  LEADING TO DEA:  (This does not meen the mode heart loilure, osthenio, etc. 11 meen injury or complication which couse heart loilure, osthenio, etc. 11 meen injury or complication which couse injury or complication which couse injury or complication which couse injury or complication to the above cause (a) underlying Condition to the death but not to the death but	TH  of dying e.g., ins the disease, d death.)  ISES  ANY, GIVING STATING THE  T.  IS CONTRIBUTING RELATED TO THE NG IT.  DIE TO  AS CONTRIBUTING RELATED TO THE NG IT.  PAGE OF INJURY (e.g. home, form, foctory, street, etc.)  EON (Hour)  Inspection X  Accident Suic  ACCIDENT S	20A. AUTOPSY? ( NO p., in or obout 21C. WH office bidg, INJURY C  21F. HOW T WHILE WORK  AUTOPSY? (	Yes or No) 208, IF YES, IN CERTIFYIN  ERE DID (If in Boltimore  OCCUR?  A DID INJURY OCCUR?  Undetermined  DICAL EXAMINER  DICAL EXAMINER  DICAL EXAMINER  23D. LOCATION	were findings CC G CAUSES OF DEA City, give exoct loc	ON SIDERED (TH? Cotion)  DATE SIGNED (3/12/66)

resulted fram: Natural causes X

ACTUAL

VS 151-REV. 1/1/65

SIGNATURE

**EXAMINER'S** 

NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Accident /

Charles S. Petty, M.D.

66 08	3229		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		66	08229	1
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	TE OF D	EATH Registe			
M.E. CASE NO.									
1. NAME OF DECEAS	ED				2. DATE AND	HOUR PRONOUNCE	ED DEAD		-
trype or time	MARTHA	V	SALMON		Augu	st 12, 1966	5	10:15	A N
3. PLACE IN BALTIMO  FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA			A. STATE Man	ence (Where	deceased lived. If insti B. COU	tutian: resid	dence befare odm	issio
INSTITUTION	ADDRESS OR LOCA	IION)		1	ltimore	corporore ministry wine		1)2	and a
1233 Div	vision Stree	et		D. STREET ADDR	RESS (If rurol,	give lacotian)			
	ACE Negro		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH 12/10/0	1	9. AGE (In years lost birthdoy)		1 Yr. If Under 2 Days Haurs	
	NON (Give kind af work	TOB. KIND OF	BUSINESS OR INDUSTRY	teonard		61 country)	12. CITIZE WHA	T COUNTRY?	
13. FATHER'S NAME  John F1	rancis Mi	lburn		14. MOTHER'S M	aiden Name			SA	
15. WAS DECEASED E (Yes, no ar unknawn) (If	VER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO. 218-28-2662	17. INFORMANT			ADDRESS		
1B.	2		CAUSE	OF DEATH				INTERVAL BETY ONSET AND D	
(This does not	OR CONDITION DIR ADING TO DEATH mean the made of henio, etc. It means ation which caused d	dvina. e.a.	(A)Arter	iosclerot	ic Heart	Disease			EAIF
DISEASES OR RISE TO THE AI UNDERLYING	CONDITIONS, IF AIR BOVE CAUSE (A) ST. CONDITION LAST.	NY, GIVING	(B)				**********		
OTHER SIGNIFIC TO THE DEA	II	CONTRIBUTION							
TO THE DEA	CANT CONDITIONS ( ATH BUT NOT REL ENDITION CAUSING	ATED TO TH	Diver	ticulitis	•				
0	ERATION 198, CONE WAS PERF		VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	OB. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DE	ON SIDERED ATH?	
Q UNDERLYING OR UTING CAUSE O	CONTRIB-	21 B. F hame, etc.)	LACE OF INJURY (e.g., fam, factory, street, o	ffice bldg., INJURY	HERE DID (	f in Baltimore City, giv	ve exoct lo	cotian)	
2	anth) (Doy) (Year)		E. INJURY OCCURRED	21 F. H.C	DENI DID WO	RY OCCUR?	- 32.18		
22.		iquiry	Inspection X Aut			s bosis, deoth in m	1 3 1		

Suicide

23C. NAME of CEMETERY or CREMATORY

Burial 8/15/66 Mt Auburn Cemetry Baltimore Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR
AUG 15 1966 Police & Factorina Adolphus Halstead 126

Homicide

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23D. LOCATION

Undetermined manner

Adolphus Halstead 1206 w North Ave

DATE SIGNED

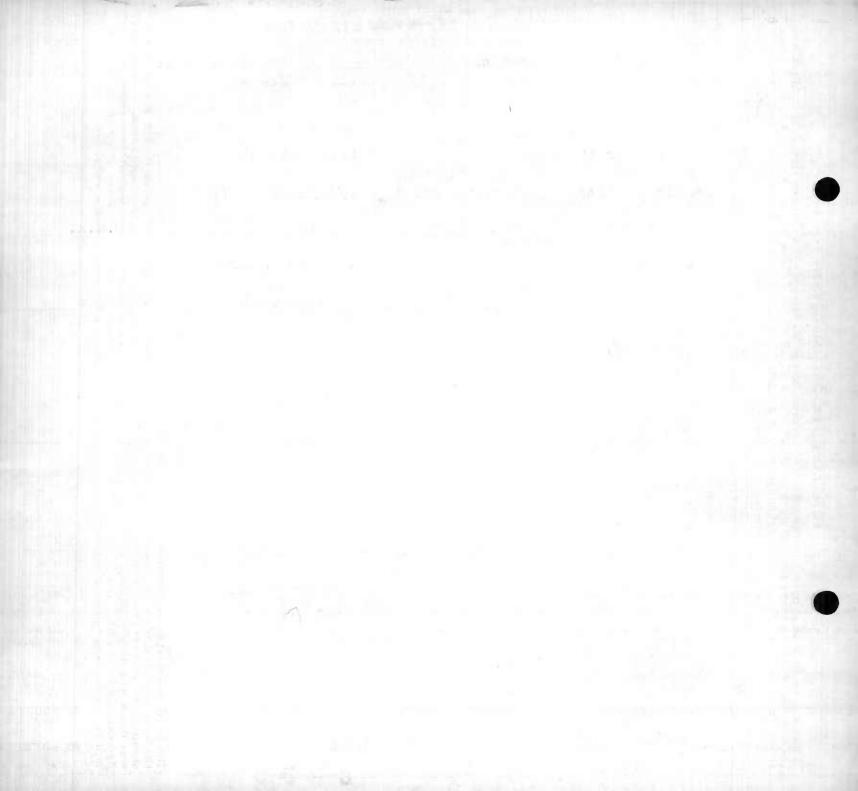
(State)

8/12/66

ADDRESS

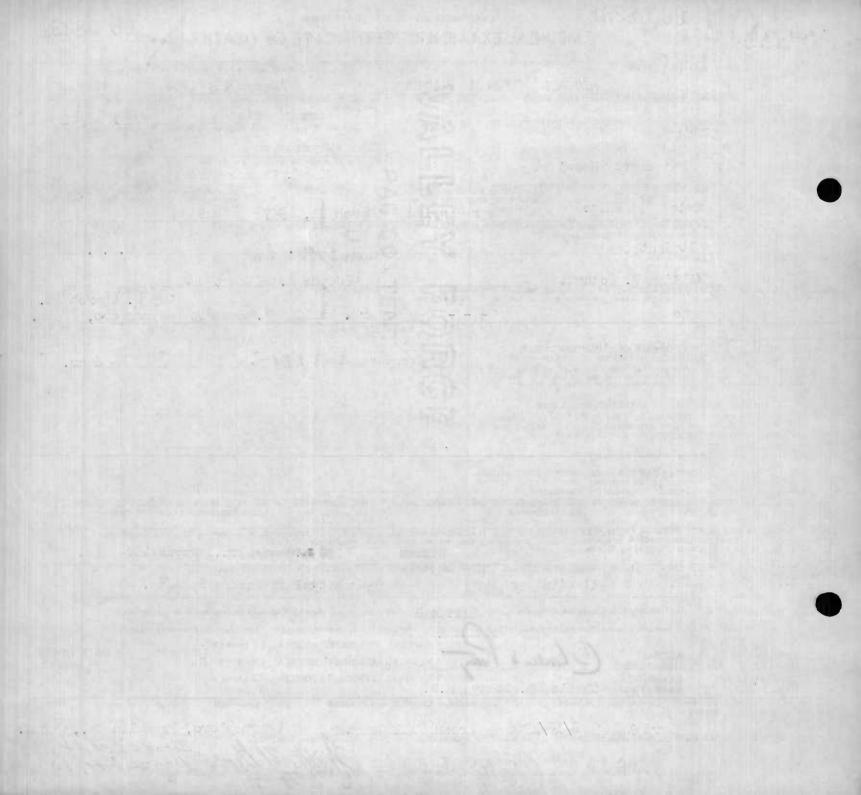
(City, tawn, ar caunty)

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## BIRTH NO. BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	DEAD	
LIY	pe or Print)	MIC	HAEL WI	LLIAM BONNETT		Augus	t 11, 1966	10:45	P
3. 1	LACE IN BALT	TIMORE MARYLA	ND, WHERE PE	ONOUNCED DEAD	4. USUAL RESID	ENCE (Where d	eceosed lived. If insti	tution: residence before	odmission)
		45 NOT IN 1	IOCOLTAL OR I	NOTICE AND ADDRESS OF THE PARTY	A. STATE Pen	nsylvani	B. cou	NIT	3
HC	SPITAL OR	ADDRESS OF	LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL and give town	ship)
IN:	IIIUIION				Wavi	nesboro			
>	Unive	waitu Haa	of to T		D. STREET ADDI		give location)		
	UIIIVE	rsity Hos	picai		205	N. Chur	ch Street		
5. 5	EX	6. RACE	7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTI	Н	9. AGE (In years	If Under 1 Yr, If Und	ler 24 Hrs.
	Male	White		WED, DIVORCED(specify)	36 3 33	3 odm	lost birthdoy	Months Days Hour	s Min.
I D A				Never Married  No of Business or Industr	March 11.		9	12. CITIZEN OF	
		working life, even if i		10 OF BUSHIESS OR 11100311	SIN BIKINIEACE	Colore of lotergii	Country	WHAT COUNTRY	?
12	Student				Penr	na.		U.S.A.	
13.	FAIHERS NAM	A E			14. MOTHER'S M	AIDEN NAME			
	William	F. Bonnet	t		Jovce	a A. Gil	bert		
		D EVER IN U.S.			17. INFORMANT			5 N. Church	C+
	no				Mrs. Will	liam F			
_	18.			CALLS	E OF DEATH	rrall L.	Doune co wa	Interval	
	15 6	10.41		CAOS	C OF BEATH			ONSET AND	
	DISEA	SE OR CONDITION		Commi	accuchuci	Tuning			
	(This does	not meon the m		e.g., DUE TO	ocerebral	Injury.		6 hr	<b>A</b>
	injury or co	mplication which c	oused deoth.)	eose,					
		OR CONDITION		ING (B)					************
	RISE TO TH	E ABOVE CAUSE	(A) STATING						
7	UNDERLYIP	NG CONDITION	LAST.	(C)					
CERTIFICATION		11							
₹		NIFICANT CONDI						A RESIDENCE	
표		DEATH BUT N		TO THE		************************			
ERT				FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FIN	DINGS CONSIDERED	
$\overline{0}$	(1)	W	AS PERFORMED		No		N CERTIFYING CAUS		
AL	21A. EXTERNA	L CAUSE WAS		218. PLACE OF INJURY (e.g.,	in or obout 21C. W	VHERE DID (IF	in Boltimore City, giv	ve exact location)	
MEDICA		SE OF DEATH.		home, form, foctory, street,	office bidg, INJURY	OCCUR?			_
				Street			St., Wayne	esporo, Pa.	Utr-
	OF INJURY	(Month) (Doy)	(Year) (Hou			OW DID INJUR			
	(APPROX.)	8 11	'66 P	m. WHILE AT NOT	WHILE X BICY	clist st	ruck by aut	10.	
	22.	416. AL A L. A. I. L. A. I. J.	Innut-u						
		tify that I held					basis, death In m		
	resul	ted fram: Natu	ral couses	Ascident X Suici	de Hamici	de Ur	ndetermined manne	or 🔲	
	ACTUAL		1			EDICAL EXA		DATE SI	GNED
	SIGNAT	une (	Larles J	l'elly M.	. ASSISTANT MI	EDICAL EXA	MINER 🗵	8/12/	
	EXAMIN	IER'S		0	ASSOCIATE M			0/12/	00
	NAME (			Petty, M.D.	THE PARTY				
	MOVAL (Specify		ATE	23C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or county)	(State)
/ w f		- 0	176/206	Connection 11:22	0	Morn	noshowa Em	onlel in Co	Dames
24/	A. DATE REC'D		/].6/].966	AME OF REGISTRAR	Cemeter	AL DIRECTOR	nesboro, Fr	anklin Co.	Penna.
					Ma	16 11	4 BLO	ad 4 Sing 11	-0
		AUG 15 1	966 120	B & Fallyma	Mal	W Jet	Hove Mai	ynestro,	ra.
VS	151-REV. 1/1/	65	T LO	1000	086	7	> /		1
		The same of the sa	100		-	1			1





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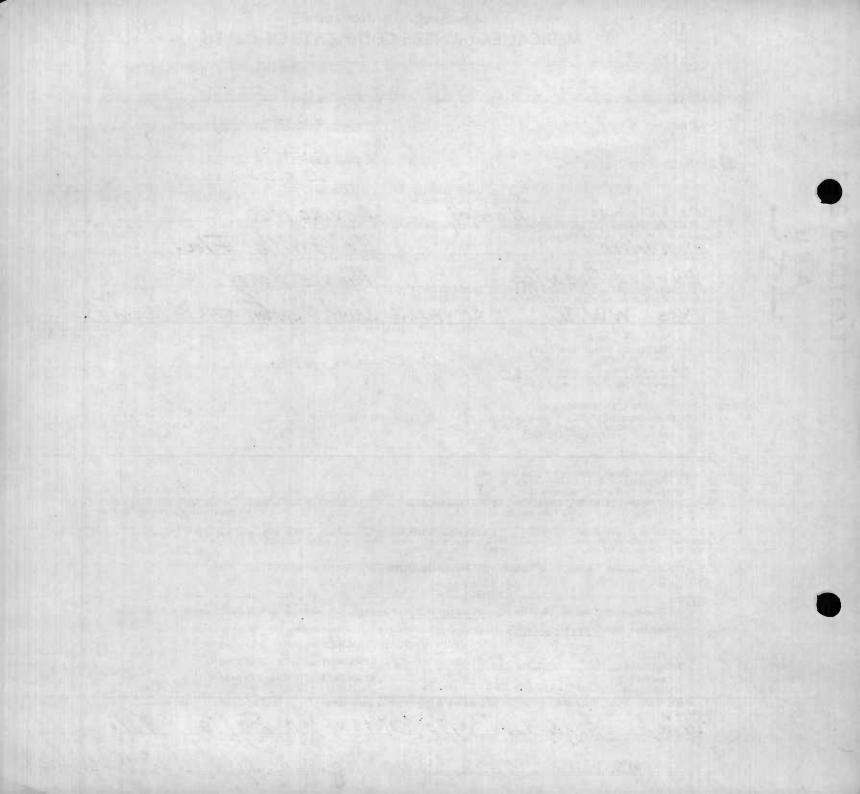
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F. Vinery Draise Timesy

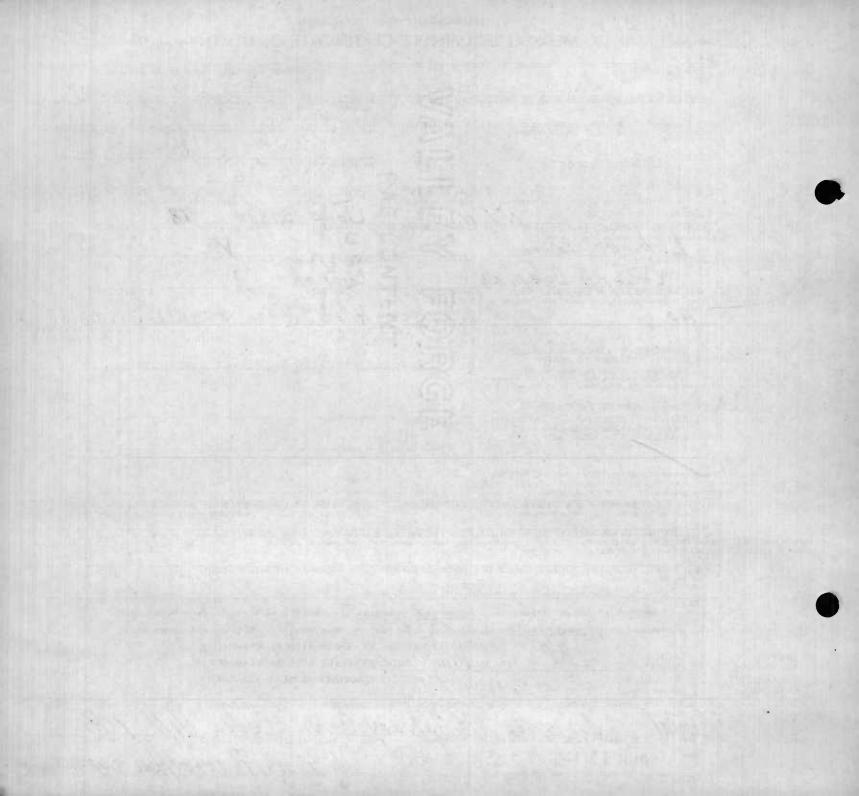
BAR COTT HOLD YOUR SHET LES

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered	1
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M.E. CASE NO.	TOAL EXAMINER'S C	LKIIICAIL OI L	LATIT Registered No.	
NAME OF DECEASED		2. DATE AND	HOUR PRONOUNCED DEAD	
Type or Print)  LONZY	BREWTON	Augus	st 12, 1966	6:00 A
. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		sidence before admissi
ULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland	P S BIRAL	
OSPITAL OR ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If autside	carparate limits, while KUKAL	and give tawnship)
		Baltimore		
Lutheran Hospital		D. STREET ADDRESS (If rural,		
		513 Wildwo	ood Parkway	
. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If Und	er 1 Yr, If Under 24 F
Male Negro	Morpried	Nov. 20, 1920	45	
	THE TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CITI	ZEN OF
In during man at working life, even if retired)		Bainesville	I/oz WH	AT COUNTRY?
FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	7 100-	
Eugene Brew	tan	Mindin Has	14.1	
	D FORCES? 16. SO CIAL	17. INFORMANT	ADDRE:	SS
es, no arunknawn) (If yes, give war ar dat	es of service) SECURITY NO.	0. 1n. x	001.11	10/
YOS WWILL	218-14-1226	Salan Knewtor	5/3 Milduro	of Jankury
18/ / / X	CAUSE	OF DEATH		ONSET AND DEAT
DISEASE OR CONDITION D	RECTLY			OKSET AND BEA
LEADING TO DEATI	H (A) Carcin	oma of Larynx.		
(This does not mean the made a heart failure, asthenia, etc. It mean injury or camplication which caused	t dying, e.g.,  s the disease,			
injury of campilication which caused	de diu")			PU VIII
ANTECENDENT CAUS	ES (B)			
DISEASES OR CONDITIONS, IF	ANY, GIVING DUE TO	•	***************************************	• • • • • • • • • • • • • • • • • • • •
UNDERLYING CONDITION LAST.				10 100
5	(C)		***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSIN 194, DATE OF OPERATION 198, CO				
DISEASE OR CONDITION CAUSIN	G IT.			
19A. DATE OF OPERATION 19B. COL	NDITION FOR WHICH OPERATION REFORMED		20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
21A. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	f in Baltimare City, give exact	location)
UNDERLYING OR CONTRIB-	hame, farm, factory, street, o	thee bldg., INJURY OCCUR?		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	or) (Hour) 21 E. INJURY OCCURRED	21F, HOW DID INJU	BY OCCUP?	
OF INJURY			KT OCCOR?	
(APPROX.)	m. WHILE AT NOT W	ORK		
22. I certify that I held on	Inquiry Inspection X Aut	opsy and that an this	s bosis, deoth In my opinio	0.00
				VII
resulted from: Notural co	ouses X Acciden Suicide		ndetermined monner	
ACTUAL ()		CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE 6	aller I viely M.D.	ASSISTANT MEDICAL EX		8/12/66
EXAMINER'S NAME (Type) Charle	s S. Petty, M.D.	ASSOCIATE MEDICAL EX	AMINER	0/12/00
A, BURIAL CREMATION. 238 DATE	23C. NAME of CEMETERY	CREMATORY 23D. LC	CATION , (City, tawn, ar	county) (State)
EMOVAL (Specify)	1111 12. 14 1/4	KarelA . T	N. H. M.	
DUNION TURK	114661 20110,1001	INA (8M B	0/10 ///	1
4A. DATE REC'D BY HEALTH DEPT	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	1,	ADDRESS
AUC 15 tocc	OO RO IO	Williamsty	401 N/ Home 310	9 Laksmall A
S 151-REV. 1/1/65	THE TENTON	YI WMINITY MA	WWW TOWN	1. 12/1/1/2001/3



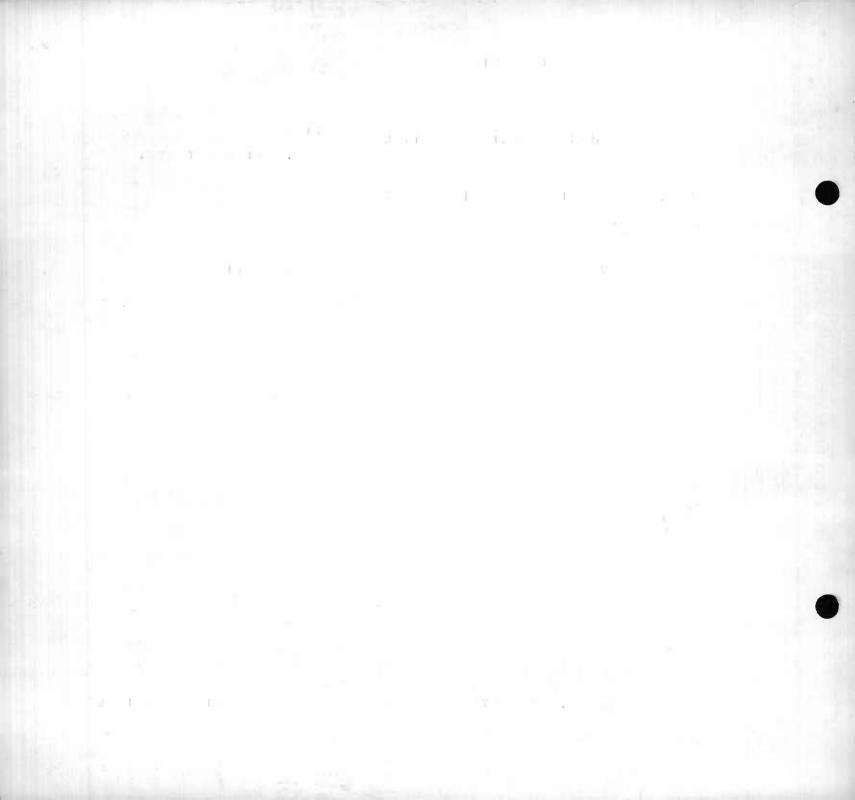
BIRTH NO.	MEDI	ICAL EXAMINER	R'S CERTIFI	CATE OF I	DEATH Registe	red No.		
M.E. CASE NO.								
1. NAME OF DEC				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
	CALVIN	COLEMAN			11, 1966	12:20 P M.		
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY  Maryland				
HOSPITAL OR	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			C. CITY OR TOWN (Il outside carparate limits, write RURAL and givestownship)  Baltimore				
813 Vine Street			D STREE	D. STREET ADDRESS (II rural, give location)				
			D. STREE	813 Vine Street				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIE	D B. DATE C		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs		
Male	Negro	WIDOWED, DIVORCED (speci		Ne 15188	lost birthday	Manths Doys Hours Min.		
dane during most of	warking life, even if retired)	TOR KIND OF BUSINESS OR I	NOUSTRY 11. BIRTHI	PLACE (State or foreig	11.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAM	open Relin	PG	14. MOTH	ER'S MAIDEN NAM	VOZ,			
AI	- / A	12 M + 4/	0	2.6	P			
	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFOR		,	ADDRESS		
	All yes, give war ar dote			MANI		ADDRESS		
No	January Company	217-07-5	5503 Hild	or Coleman	853 W.	laxing for St		
1B.	3.1.		CAUSE OF DEA			INTERVAL BETWEEN		
DISEA	SE OR CONDITION DI	ECTI V				ONSET AND DEATH		
	LEADING TO DEATH	(A) A	rterioscle	rotic Cardi	ovascular D	risease.		
(This daes i	nat mean the made of asthenio, etc. It means		0	+.V.X.+XX.M.+.M.A		## W.		
injury or coi	, asthenio, etc. It means mplication which caused o	jeoth.)						
A	ANTECENDENT CAUSE	S						
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)	TO					
	E ABOVE CAUSE (A) ST	ATING THE						
Z		(C)			*****			
OTHER SIGN TO THE DISEASE OF 19A. DATE OF	11							
OTHER SIG	NIFICANT CONDITIONS -	CONTRIBUTING						
E DISEASE O	R CONDITION CAUSING							
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATI	20 A. A	NO	20 B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?		
	L CAUSE WAS	218. PLACE OF INJU	IRY (e.g., in or obout	21C. WHERE DID	Of in Boltimare City, gi	ve exact lacation)		
O UTING CAU	OR CONTRIB-	hame, farm, factory, etc.)	street, office bldg.,	INJURY OCCUR?				
21D TIME OF INJURY	(Manth) (Doy) (Year			21F. HOW DID INJU	IRY OCCUR?			
(APPROX.)		m. WHILE AT	AT WORK		TE TOTAL			
22.	tify that I held on I	nquiry Inspection	Autopsy .	and that on thi	s bosis, death in m	ay opinion		
resul	ted from: Notural cou	uses X Accident	Suicide	domicide 🗌 👢	Indetermined manne	1		
	~ /	()	СН	IEF MEDICAL EX	AMINER			
ACTUAL		arles / Tely	M.D. ASSISTA	NT MEDICAL EX	AMINER X	8/11/66		
EXAMIN NAME (		s S. Petty, M.D.	ASSOCIA	ATE MEDICAL EX	(AMINER	0/11/00		
23A, BURIAL CRE		23C. NAME OF CE	METERY OF CREMAT	ORY 23D. L	OCATION (City,	town, or county) (State)		
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	Vary Co.	FUNERAL DIRECTOR	den 1811	ADDRESS		
P	NG 15 1966	Robert E. Fach		11:11/2 mg	Truenor/x	Gar 31911 Salmoen		
VS 151-REV. 1/1/		7 6 6 6	7 7		1011-1-01/1	our self. Outres		



IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE S. J. J. J. J. Te. and Salitational as 3 to 1 2 per Take Lagranian and the same a

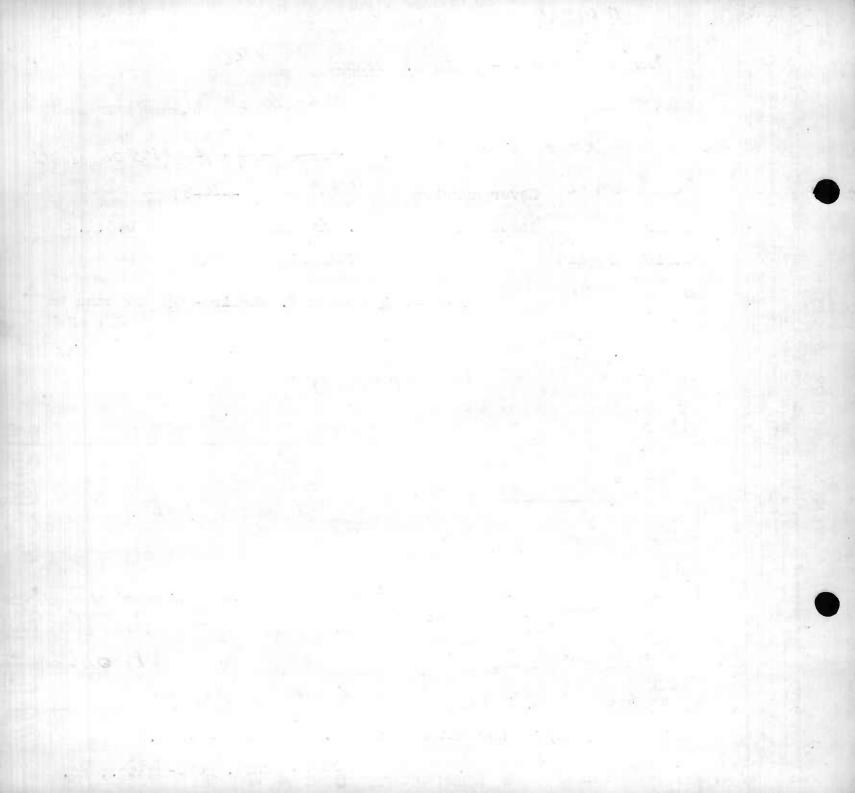


IMPORTANT

DIRECTOR:

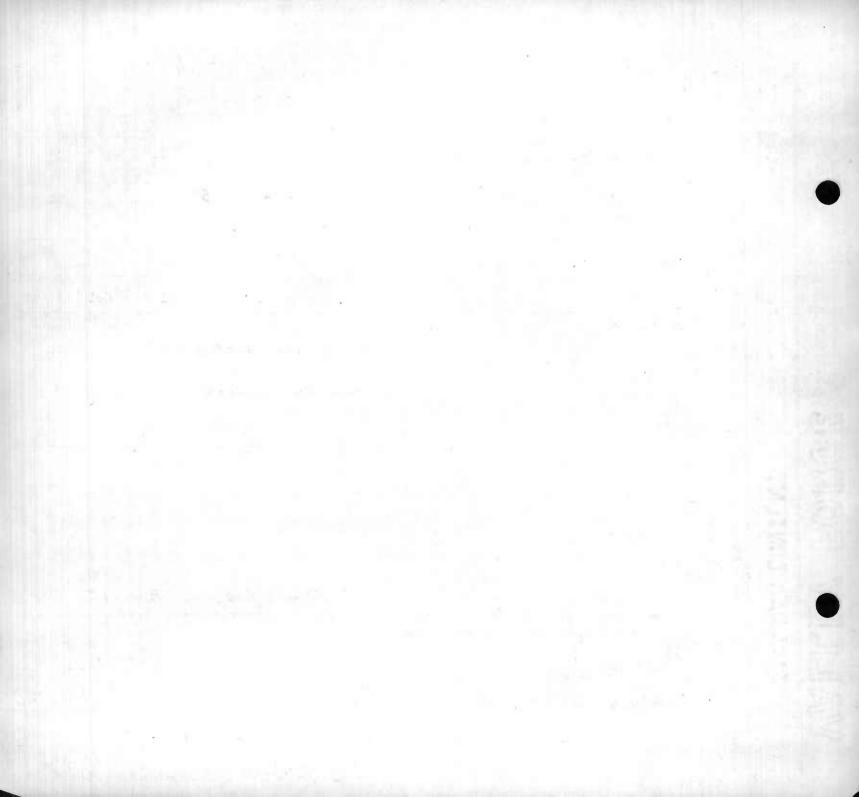
FUNERAL

by



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FUNERAL DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

66 08244

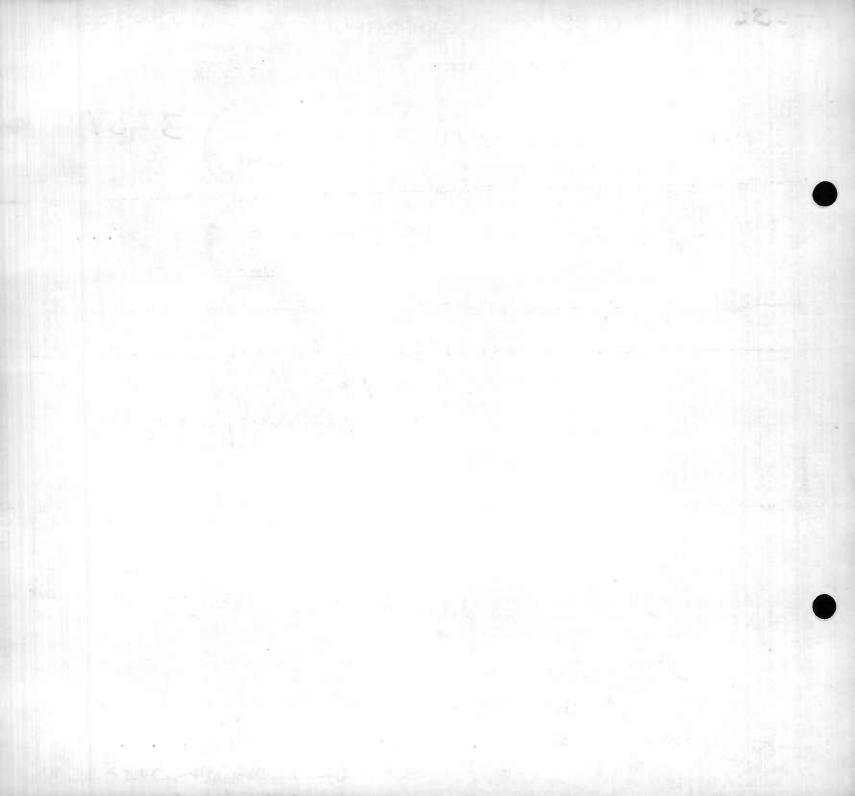
BIRTH NO.

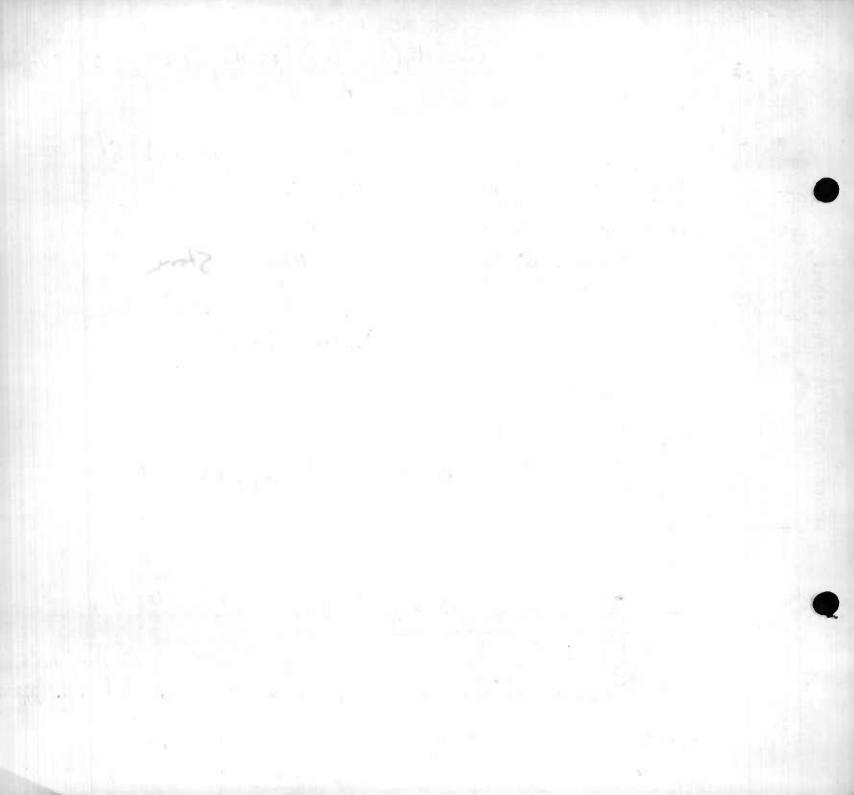
IMPORTAN

FUNERAL DIRECTOR:



	00 070	p	BALTIMORE CITY	HEALTH DEPARTMENT		GR DODAE		
BIRTH NO.	66 0824	5	CERTIFICA	TE OF DEATH	Registered No	66 08245		
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEAT	H		
Type or Print)	Edgar Ve	ernon Ar	derson		8-9-1966	1		
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	1401 0011	4. USUAL RESIDENCE (V		institution: residence before admission)		
F1111 - 114 - 445				A. STATE B. CO	JUNIT			
HOSPITAL OR	OF (If not in hospital oddress or location	of institution,	give street		autside city limits, with	RURAL and give township)		
INSTITUTION		")		Baltimore,	-	3-6		
0	12 South	roadway	#31	D. STREET ADDRESS	(If rural, give location)	<i>.</i>		
				12 South Br		#31		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.		
Male	White		o, DIVORCED (specify)	8-19-1906	lost birthdoys	Months Days Hours Min.		
OA. USUAL OCC				11. BIRTHPLACE (State or f		12. CITIZEN OF		
~	f working life, even if retired)	g	II			WHAT COUNTRY?		
Guar		Siani	Hospital	North Carolina U.S.A.				
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME			
	Unknown			IIn	known			
5. Was Decease	d Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS OF				
Yes			374-07-5108	Mr Melvin Miller 4706 Duncrest Avenue 21				
1B.	6-2-22-6-22	-1723	CAUSE O	F DEATH	Ter 4100 Dun	INTERVAL BETWEEN		
DK 6	SE OR CONDITION DI	DECTLY	(	1	1 Ench	ONSET AND DEATH		
Disea	LEADING TO DEATH	RECILI	(~	mary Mombo	1841 2	Inmodicit		
	not mean the mode of		DUE TO	1				
	, aslhenio, elc. Il meons mplicolion which caused		M.	1-1-1/	/ *	81.11		
	ANTECEDENT CAUSES		(B) 777)	1/1/201/10	it m	0//0/63		
DISEASES	OR CONDITIONS, if		DUE TO	1 to di	1/1/	6/. /1.		
	ne obove cause (A)		100tes	ity Carean	subject of	ly 8/18/6 =		
UNDERLYIN	IG CONDITION last.		nn ameng appagenter on on sil der sereller-derland	***************************************	11	)		
	- 11							
OTHER SIGN TO THE I DISEASE OR	DEATH BUT NOT RELA	ONTRIBUTIN	G			100000		
DISEASE OF	CONDITION CAUSING	IT.						
19A. DATE O	F OPERATION 198. CON	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
ER								
OP CONTRIB	ENT WAS UNDERLYING	21 B horr	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	n or about 21C. WHERE DID	(If in Boltime?	ore City, give exact location)		
U	y medical examiner)	etc.	)					
			INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
					1			
20 1 16	1 (1) (1)			7 1	1	the fat		
	y that (I) (this hospita		4 0,7	ely Lo	1962 to 10	19.00		
that (1) (w6	) last saw the decease	ed alive an	fine 16	19 (0 b and	that in (my) (our) o	pinian deoth occurred an the do		
ond haur ar	nd from the causes sto	ted obave. (	(We) (did not) v	riew the body after deat	h.			
23A. SIGNAT	URE			/		23 B. DATE SIGNED		
11	arry Lix	den	M.D. Atte	ending Med.	Stoff Phys.	any 12 4 966		
23C. PHYSICI	ANS	0		23D. ADDRESS				
NAME	Type) HAAAA	1 1 4	DEN M.D.	145 B.	Adima	212-31		
4A. BURIAL CR	EMATION, 24B, DATE	[24C, N	AME of CEMETERY OF CRE	TAAATORY SAL	LOCATION (	City form or country (City)		
REMOVAL	(Specify)		MINIE OF CENTETERS OF CRE	240	. EUCATION	City, town, or county) (State)		
Burial	8-15-1		altimore Nat!	1: Cemetery	Baltimore, (	Co. Ms.		
25A. DATE REC'I	BY HEALTH DEPT.	258. NAME (	OF REGISSEAR	25C. FUNERAL DIRECT	TOR	ADDRESS 36		
	And In 1909	Dobret	LE Stable MA	a Dasheli	Barren al Hom	7401 Bolow Roma		
/S 150-REV. 1/1.	/65				The state of the	- I was a second		



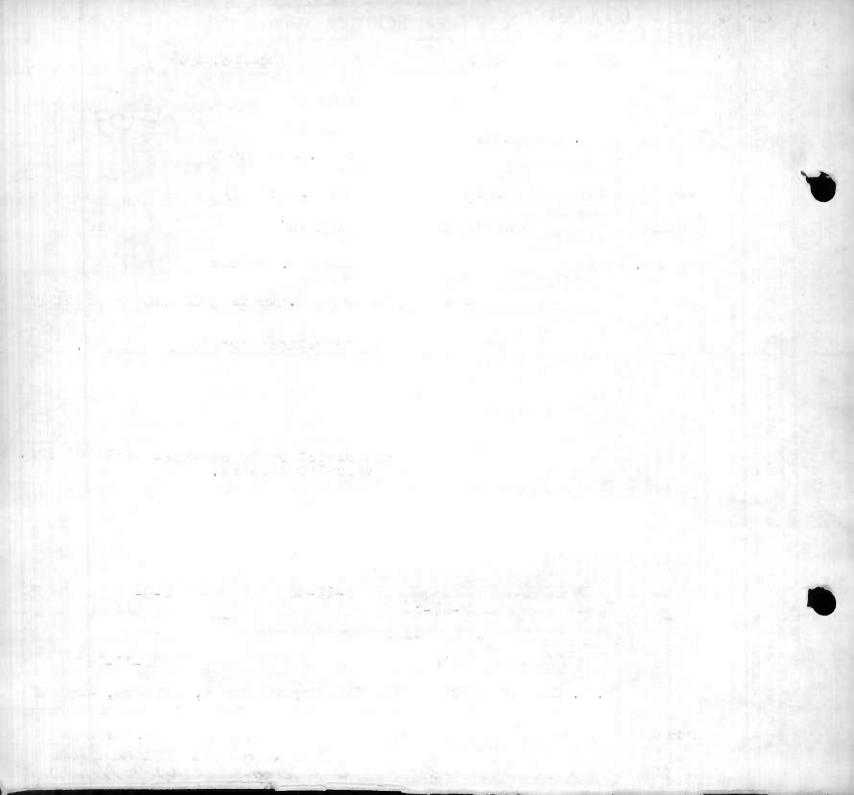


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

66 08248 Registered Na. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (Il outside city limits with RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Usa ADDRESS 5612 Gist Avenue INTERVAL BETWEEN ONSET AND DEATH yrs. several vrs. IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 8-9-19 66 23 B, DATE SIGNED 8-11-66 (City, town, or county) Baltimore County, Maryland



## MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered No

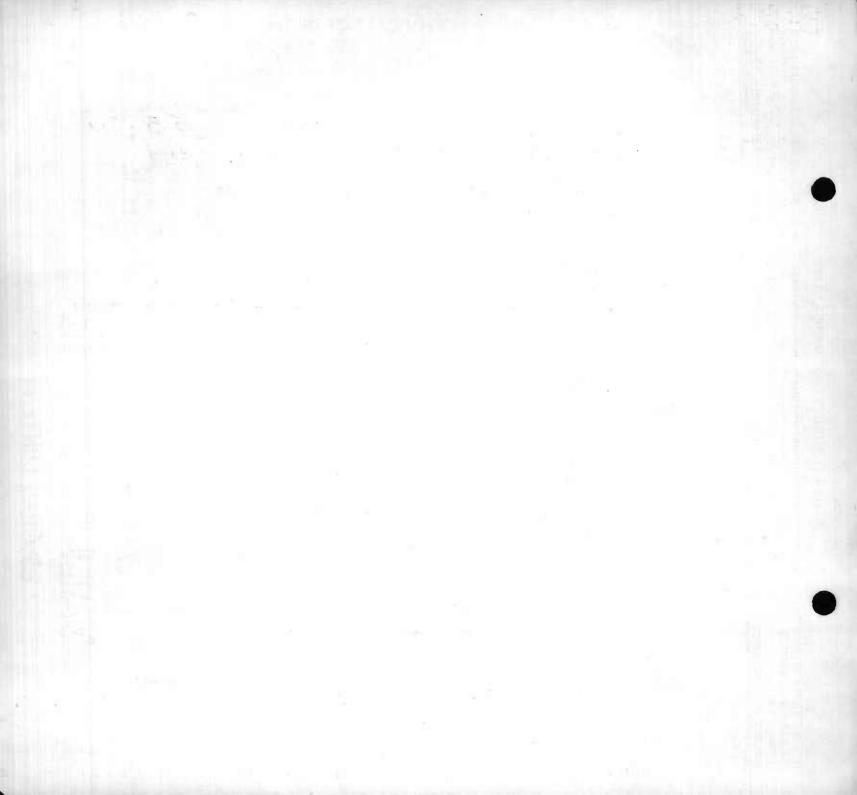
BIRTH NO.	MILD	CALL	WAIII AFK 2 C	LKIIIICAI	LOI	DEA III Kegish	6100 1101	
M.E. CASE NO.								
1. NAME OF DECEASE	D		1/71/70017			D HOUR PRONOUNC		
	TOUTS		MINTON			st 14, 1966	1	:40 A M.
3. PLACE IN BALTIMOR	E MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. If ins	titutian: residence	before odmission
FULL NAME OF	E NOT IN HOSPIT	AL OF INSTIT	LITION CIVE STREET	Mar	yland			
HOSPITAL OR	DDRESS OR LOCA	(TION)	UTION, GIVE STREET	C. CITY OR TOW	N (If autsid	e carparate limits, writ	e RURAL ond giv	e to waship)
2				Ba1	timore	(3	- 4	- /
22	17 Popular	Grove		D. STREET ADDR	ESS (If rurol,			1
				221	7 Popul	lar Grove		
5. SEX 6. RA	CE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		If Under 24 Hrs
Male Negro widowed, Divorced(s			M 0	1000		Months Doys	Hours Min.	
			F BUSINESS OR INDUSTRI	May 8,		in country)	12. CITIZEN OI	F
done during most of working							WHAT CO	UNTRY?
3. FATHER'S NAME		Construction		Atlanta Georgia U.S.A.			Α.	
S. PATHER S NAME				14. MOTHER'S M	DEN NAM	t		
Frank Min			19.4.60		Minto	n		
5. WAS DECEASED EV Yes, na ar unknawn) (If ye	ER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No.			218-05-4520	Mrs. Tar	dia Mi	nton 221	7 Popla:	r Grove
1B.	0	-		OF DEATH	mate a sul		INTE	RVAL BETWEEN
7 3 4				1-1-6-1			ONS	ET AND DEATH
	R CONDITION DI DING TO DEATH		Anne	owiosslaws	ed a bar	31		
(This daes not m	eon the mode of	dvina e.a.	DUE TO	eriosciero	tic nea	art disease		
heart failure, asth	enio, etc. It meons	the diseose,	500 10					
	CENDENT CAUSE		(B)					
DISEASES OR C	ONDITIONS, IF A	NY, GIVING	DUE TO			*******************************		
UNDERLYING C	ONDITION LAST.	TAIN O THE						
Z			(C)		•••••	••••••		
Ĕ	II .	CONTRIBUTION						
TO THE DEA	ANT CONDITIONS TH BUT NOT RE						16.00	
H DISEASE OR CO	NDITION CAUSING	F IT.		•••••				
O 19A. DATE OF OPE	RATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY?	(Yes ar Na)	20B. IF YES, WERE FI		
Cont				No				
UNDERLYING OR	USE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obaut 21C. W	HERE DID	(If in Boltimare City, g	give exact lacation	)
UNDERLYING OR UTING CAUSE OF		etc.)						
Z 21D TIME (Ma	nth) (Day) (Yea	r) (Haur) 2	21E. INJURY OCCURRED	21F. HO	W DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		m. \	WORK AT W	WHILE ORK				
22. I certify t	hat I held an I	ngulry	Inspection V Au	topsy ond	that on thi	is bosis, deoth In	my apinion	
resulted t	ram: Notural co	USes X	Accident Suicid			Indetermined mann	ier	
ACTUAL	13/ /		3 1			CAMINER	DA	TE SIGNED
SIGNATURE	Charle.	m V (cm)	- Jole M.D	ASSISTANT ME	DICAL EX	AMINER X		
EXAMINER'S	Charles	c con	inanto M D	ASSOCIATE ME	EDICAL EX	XAMINER	August	14, 1966
NAME (Type	) Charles	s. spr.	ingate, M.D.					
23A. BURIAL CREMATI REMOVAL (Specify)	ON, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, or county)	(State)
Burial	8-17-	66	Mt Calina		-	- 7 - 1		
24A. DATE REC'D BY H			Mt. Calvar	24C. FUNERA	L DIRECTOR	altimore,	Mary	and
A S A	-		- REGISTRAR	240. FUNERA	L DIKECTOR		AUSKI	
ALLE	15 1966	P.O. S.	& Fach MA	Morto	nr& D	yett F.H.	1701 T	Laurens
VS 151-REV. 1/1/65	2 1000	AVE RIVE	The state of the s	0 3	13 6		2/02 1	Adlens

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IMPORTANT

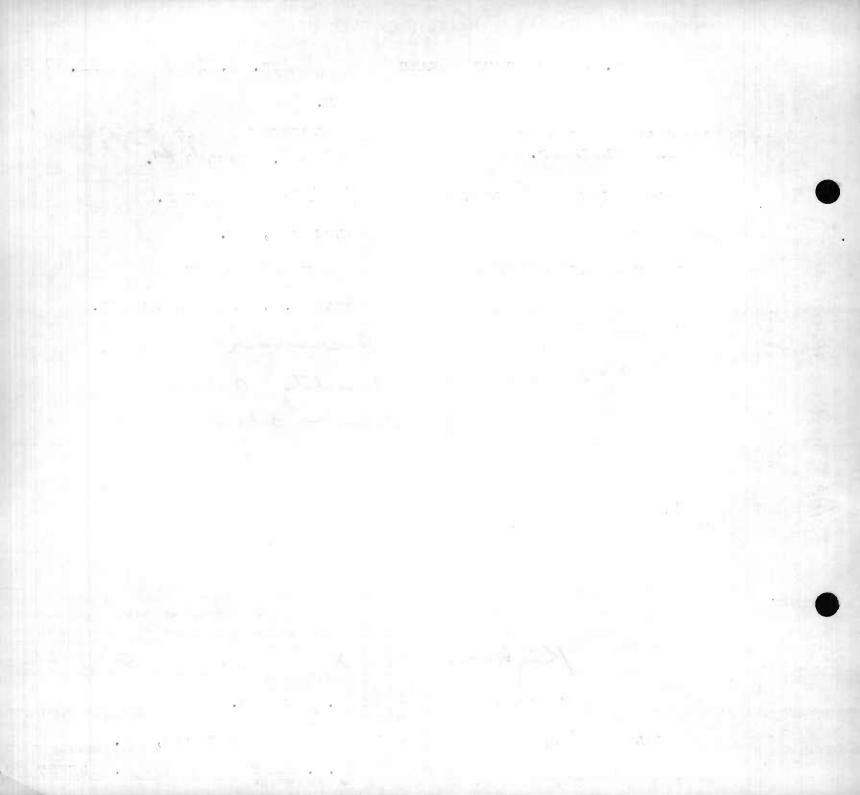
DIRECTOR:

FUNERAL



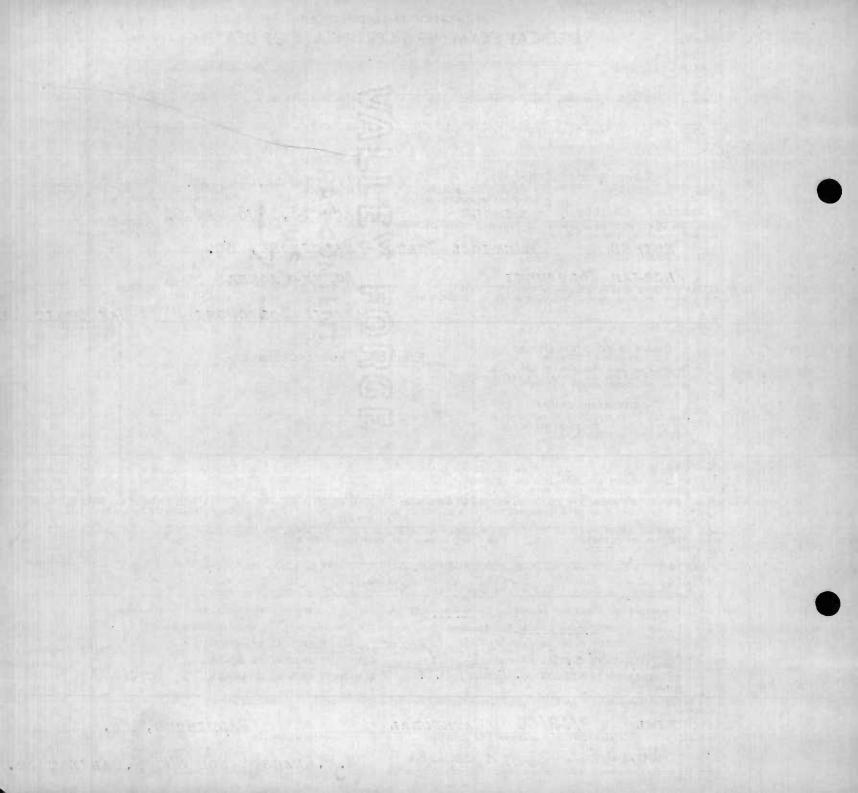
VS 150-REV. 1/1/65

00 000=1	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
BIRTH NO. 66 08251	CERTIFICA	TE OF DEATH	Registered No.	66 08251
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	
Type or Printl	2.5			
MRS MAUDE JONE	5 MEARS	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If i	11.50 P
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If	outside city limits, write	RUPAL and give township
M GOULD NURSING HOME		BALTIMOR	E	2-01
6116 BELAIR RD.		3700 N.	CHARLES S	T.
WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF	OWED BUSINESS OR INDUSTRY	4/22/1880 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
AT HOME		BALTIMORE	Mn.	
13. FATHER'S NAME		14, MOTHER'S MAIDEN N	AME	
RODERT MODERS JOHES		MARY ANN	STANEY	
ROBERT MORRIS JONES 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	DTANEY	ADDRESS
		GOULD N.H.	6116 BEL	AIR RD.
1B. 45 0, 01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0		ONSET AND DEATH
LEADING TO DEATH	(A)	fremon lendty	ca	2 days
(This does not meen the made of dying, e.g.,	DUE TO			**************************************
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		1 2	1 7	
	(8)	enders	artero	
ANTECEDENT CAUSES	DUE TO	, ,		***************************************
DISEASES OR CONDITIONS, if ony, giving	11		1	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) VO	Jan 100	herry	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
O THE DEATH BUT NOT RELATED TO TH	E			
DISEASE OR CONDITION CAUSING IT.		120.6	M. V. COR. AM MAG. AMARA	
198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
S OF INJURY	ile At Not Whil			
(APPROX.)				
22. I certify that (I) (this hospital) attended t	he deceased from		to	19
that (1) (we) lost sow the deceased alive an				Inion death accurred on the d
				imon death accurred on the d
ond hour and from the couses stated above. (I	) (We) (did) (dld not) v	iew the body ofter death	le .	
23A. SIGNATURE		14		238. DATE SIGNED
/ king h	M.D. Atte	nding Med. Director	Stoff Phys.	8-9-66
23C. PHYSICIAN'S	· ny	23D. ADDRESS	. 117 %	
NAME (Type)		- nooned		
KIRK MOORE	M.D.	2 E. READ	ST.	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVAL (Specify)	D		D	M-
BURIAL 8/11/66 L	OUDON PARK  FREGISTRAR	25C. FUNERAL DIRECTO	DALTIMORE	ADDRESS
25A. DATE HOOF Y HEALTH SEPT. (258. NAME C	La O	TT TP 30	0 0	ADDRESS
- VLANCEUU C	· Company	The WolfEAR	s & SON 8	05 N. CALVERT



## 24132 BALTIMORE CITY HEALTH DEPARTMENT 66 U8252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 08252

M.E. CASE NO.	U COMIT VEICO					
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD				
Florence	Zoltowski	i 8/9/66   10:55 a. <sub>M.</sub>				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	ITION CIVE STREET	Maryland				
HOSPITAL OR ADDRESS OR LOCATION)	THON, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, with QURAL and give township)				
INSTITUTION		Baltimore / 2				
4		D. STREET ADDRESS (If rurol, give locotion)				
Union Memorial Hospita	a1	2222 05 201 05				
	NEVER MARRIED	2233 St. Paul St.				
	DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.				
female white SING	LE	MARCH 13, 1905 165 61  RY 11. SIRTHPLACE (Stote or foreign country)  12. CITIZEN OF				
done during most of working life, even if refired)	RONNESS OK INDOS	WHAT COUNTRY?				
RETIRED PRACTI	CAL NURSE	BALTIMORE MD.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
FLORJAN ZOLTOWSKI		AGNES WAGNER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	0.000 0 0				
	Fall of the Call	CASIMIR ZOLTOWSKI 9600 OAKSUMMIT A				
1B.	CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	(A) Rheun	matic heart disease				
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	***************************************				
injury or complication which coused death.)						
ANTECENDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)DUE TO					
RISE TO THE ABOVE CAUSE (A) STATING THE	DOE 10					
UNDERLYING CONDITION LAST.	(C)					
<u> </u>						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG					
TO THE DEATH BUT NOT RELATED TO T						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	WHICH OFEKATION	IN CERTIFYING CAUSES OF DEATH?				
		no				
21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact (ocation)  Nome, form, foctory, street, office bldg., INJURY OCCUR?						
UNDERLYING OR CONTRIB-						
7	TE. INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?				
OF INJURY	WHILE AT I NO	T WHILE				
	WHILE AT NOT	T WHILE WORK				
22. 1 certify that I held on Inquiry	Inspection X A	ond that on this basis, death In my opinion				
resulted from: Notural couses	Suici					
1440 016	1- 1-	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE WING H.	11	D. ASSISTANT MEDICAL EXAMINERX				
	itz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/9/66				
NAME (Type)						
23A, BURIAL CREMATION, 23B, DATE 23	C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)				
REMOVAL (Specify)	~	D 26				
BURIAL   8/12/66	CATHEDRAL	THE RESERVE OF THE PARTY OF THE				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
AUG 15 1966 Robert &	tarber MA	H W ME ADGOR CON DOE W CALLED C-				
		HOW MEANS SON 805 N. CALVERT ST				
VS 151-REV. 1/1/65						



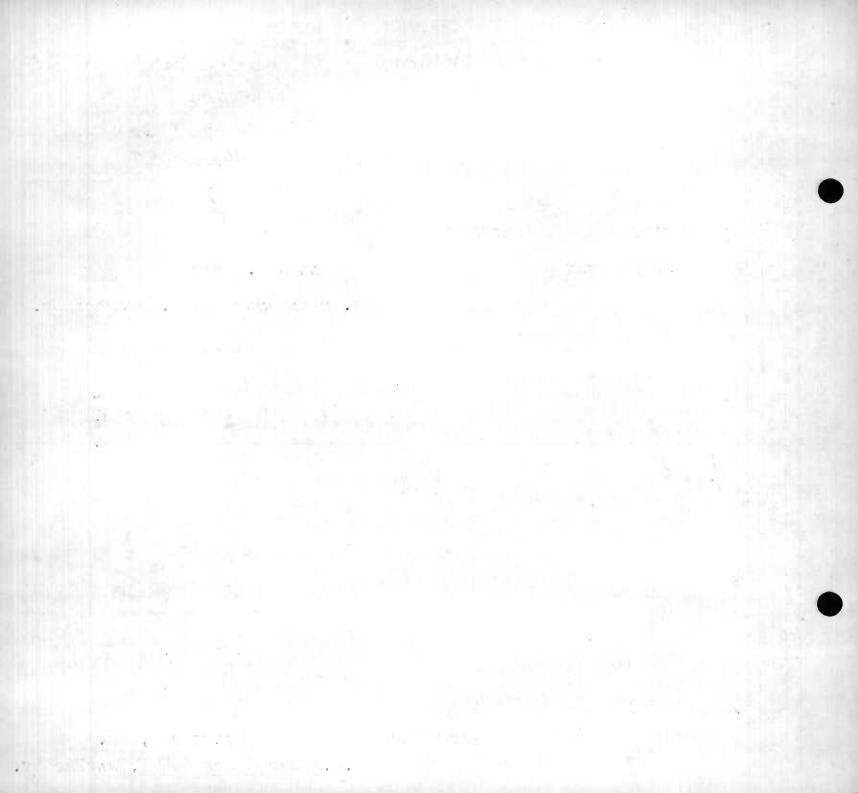
IMPORTANT

**DIRECTOR:** 

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.66 - 0 \$254

M.E. CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1. NAME OF DECEASED (Type or Print)	LEROY		WILLIAMS		ND HOUR PRONOUNCED				
3. PLACE IN BALTIMORE, MA		HERE PRONOL		4. USUAL RESIDENCE (Whe	st 11, 1966 re deceosed lived. If institut	5:35 P M.			
				A. STATE Maryland	B. COUNT	Y			
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	S OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOWN (If auts	ide carparate limits, write R	URAL and give tawnship)			
)				Baltimor		5-33			
University	Hospi	tal		D. STREET ADDRESS (If run					
5. SEX 6. RACE		7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH	et Street	If Under 1 Yr, If Under 24 Hrs.			
		WIDO WED,	DIVORCED (specify)	Oct 21 1BA	9. AGE (In years lost birthday)	Months Doys Hours Min.			
Male Negro		MAR KIND OF		11. BIRTHPLACE (State or fore	gian cauntry	2. CITIZEN OF			
done during most of working life, ev	en if retired)	0	- 0	BALTO M		WHAT COUNTRY?			
13. FATHER'S NAME	707-0	16AL	Ty Co.	14. MOTHER'S MAIDEN NA	ME	904			
CHARLES	will	liam		CASSIE Od	ENDERSON)				
15. WAS DECEASED EVER IN (Yes, no or unknown), (If yes, give	U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17 INCODA A ANIT	A	DDRESS			
NO				JEANETTE h	Mams 240	SPUGET UT			
18.	V		CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CON	DITION DIR	RECTLY				ONSEL AND DEATH			
LEADING	TO DEATH		(A) Elect	rocution.					
(This does not mean the heart failure, asthenia, et injury at complication wh	c. It meons ich coused d	the disease, leath.)	DUE TO						
ANTECENDE	ANTECENDENT CAUSES								
DISEASES OR CONDIT	TIONS, IF AL	NY, GIVING	(8)DUE TO						
RISE TO THE ABOVE CA		ATING THE							
NO N			(C)						
OTHER SIGNIFICANT CO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION			WHICH OPERATION	20A ALITOPSY2 (Voc. or N.	b) 208. IF YES, WERE FIND	INGS CONSIDERED			
O O	WAS PERF		WHICH CIERATION	Yes	IN CERTIFYING CAUSES				
21A. EXTERNAL CAUSE W UNDERLYING MOR CONTRI		21 B.	PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, give	exoct location)			
UNDERLYING TO CONTRI	н.	etc.)	School ground		Harmon Avenue	25=45			
2	Day) (Yeor)	(Haur) 2	1E. INJURY OCCURRED	21 F, HOW DID IN	JURY OCCUR?				
	L1 '66	P w. V	VHILE AT NOT	WHILE X Struck b	y lightning.				
22. I certify that I h	eld on In				his bosis, death in my	opinion			
resulted from:			ccident x Suicid		Undetermined monner				
			1	CHIEF MEDICAL E					
ACTUAL	10 /m	ander )	Tally 40	ASSISTANT MEDICAL		DATE SIGNED			
SIGNATURE EXAMINER'S			0	ASSOCIATE MEDICAL		8/12/66			
NAME (Type)			tty, M.D.						
REMOMAL (Specify)	38. DATE	23	C. NAME OF CEMETERY		LOCATION (City, to	wn, or county) (Stote)			
101-0	0/15/	66		LARY B.	ROUKLYN-/	ALTO 25 MY			
8110	DEPT.		OF REGISTRAR	24C. FONERAL DIRECTO	n 11	35NGILM=1			
AUG 1	5 1966	Robert	5 E. Failuina	Marobin	1 to Hayes &	SONGILMET			
VS 151-PEV 1/1/65	4 7 0	V		0 11 0 1					

0031-1908 59 PHARLED BALTO MS. Hunsteine Miss. Keary Co. Covere abordensens CHERRES williams Jonate William 2405 Pages to But O Stofee not Carusey favory factoris in Murcher Phys C. Chill Co.

BALTIMORE CITY HEALTH DEPARTMENT

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SAMUEL GRAY

BALTIMORE MY HATTIE WAYS ANGELA BUTLER I JULIMIELD

Emis Hope Borro Kurner

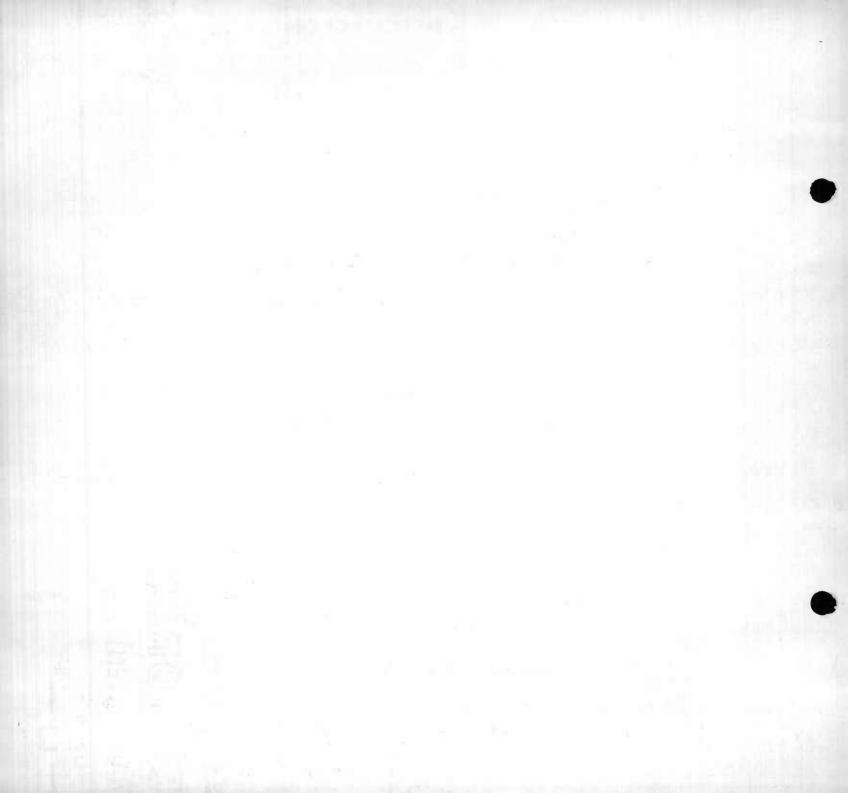
Margar Allego at 10 Com

Boursons

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

BIKIH NO.	MILD	ICAL LA	MAIII AFK 2	LKIIIICA	IL OI DEATH Negist	1100 1103	
M.E. CASE NO.							
1. NAME OF DEC		LLIAN	DORSEY		2. DATE AND HOUR PRONOUNCE		1.30 P
DI A CIT (AL DALE				II. IIIII A. A.	August 13, 1966		1:30 P <sub>M</sub> .
S. PLACE IN BALI	IMORE MARYLAND, W	HERE PRONOUP	NCED DEAD	IIA. STATE	DENCE (Where deceased fived. If ins	JNTY	etore oamission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TION, GIVE STREET	C. CITY OR TO	aryland WN (If outside corporate limits, write	e RURAL and give	to we ship)
HOSPITAL OR	ADDRESS OR LOCA	(IION)			1-2	-07	L.
0	1576 Clifto	A			altimore /		2
	1370 011110	n Avenue					
5. SEX	6. RACE	7. MARRIED. N	NEVER MARRIED	B. DATE OF BIR	576 Clifton Avenue	If Under 1 Yr. I	f Under 24 Hrs.
			(VORCED (specify)	4-11-	lost highday	Months   Doys	Hours Min.
Female	Negro	LIOR WIND OF	BUILDINGS OF INDUST		(State or foreign country)	12 CITIZEN OF	i
one duryng most of v	working lile, even if retired)		lom ~	KI : I. BIKITI PLACE	(State or lareign country)	12. CITIZEN OF	NTRY?
S. FATHER'S NAM	- AISEIC	1 , ,	100-11	14. MOTHER'S A	7113	0100	
		1-11		AGN			
	HUR Ay					4000000	
Yes, no or unknown	D EVER IN U.S. ARMED	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
NU				RBELL	6 COFFEY 262	3 PRAN	vers x
18. LL D	KONOLUL		CAUS	E OF DEATH		INTERV	AL BETWEEN
DISEAS	SE OR CONDITION DI	RECTLY				Olasei	AND DEATH
79	LEADING TO DEATH		(A) Art	cerioscler	otic heart disease		
heart foifure,	not mean the mode of ostherio, etc. It means	the disease,	DUE TO				
injury or cor	mplication which coused	deoth./					
	INTECENDENT CAUSI		(R)				
DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	NY, GIVING	DUE TO		•••••••••••••••		
UNDERLYIN	NG CONDITION LAST.		(6)			DELI DIA	
OTHER SIGNOTHER DISEASE OF 19A. DATE OF			( )				<del></del>
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTIN	G				
TO THE	DEATH BUT NOT RE	LATED TO TH					
19A. DATE OF	OPERATION 198. CON		HICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDE	RED
0	WAS PER	FORMED		N	IN CERTIFYING CAU	SES OF DEATH?	
ZIA, EXTERNA	L CAUSE WAS			, in or obout 21C.	WHERE DID (If in Boltimore City, g	ive exact facation)	
UTING CAU	OR CONTRIB-	etc.)	form, foctory, street,	office bidg., INJUI	RY OCCUR?		
Z 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21 F. F	TOW DID INJURY OCCUR?		
OF INJURY			HILE AT NOT	WHILE			
22.		m. W	ORK AT	WORK			
	tify that I held on I	nquiry	Inspection X A	utapsy 🗌 a	nd that an this basis, death In	my oplnian	
resul	ted fram: Natural ca	uses X Ac	cident Suici	de Homle	ide Undetermined mann	er 🗌	
	121	10	1 1	CHIEF	MEDICAL EXAMINER	2.2	E CICHED
ACTUAL		21/1	in Fact M.	ACCICTANT	MEDICAL EXAMINERX	DAI	re SIGNED
SIGNAT		S Spri			MEDICAL EXAMINER	August 1	4. 1966
NAME (	Type)	a. shri	ngate, M.D.				, 2000
ZAL BURIAL CRE		23C	NAME OF CEMETERY	,		, town, or county)	(Stote)
REMOVAL (Specify	N 7/15	166	BALTO	NATION	AL BALTON	1>	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRES	S
- 4	AUG 15 1966	4	0 7 0	5			
	- X 0 1000	Hobert	E. Jaimen	Ban	2000 1000	35NC,	LMOR
VS 151-REV. 1/1/	65	1	STATE OF STATE OF	0 6			11

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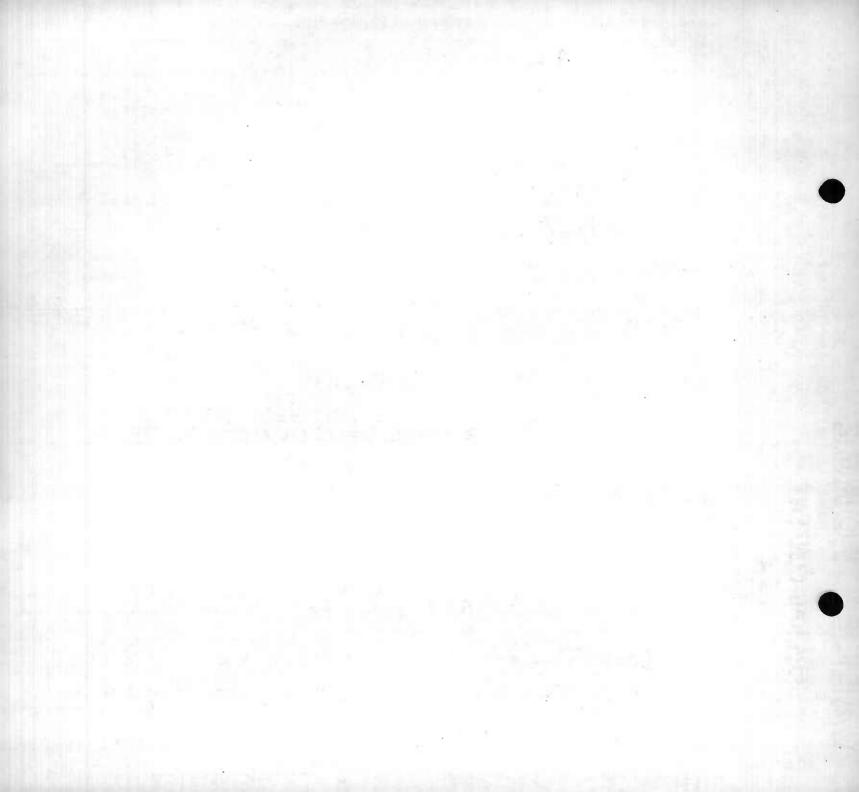


IMPORTANT

DIRECTOR:

FUNERAL

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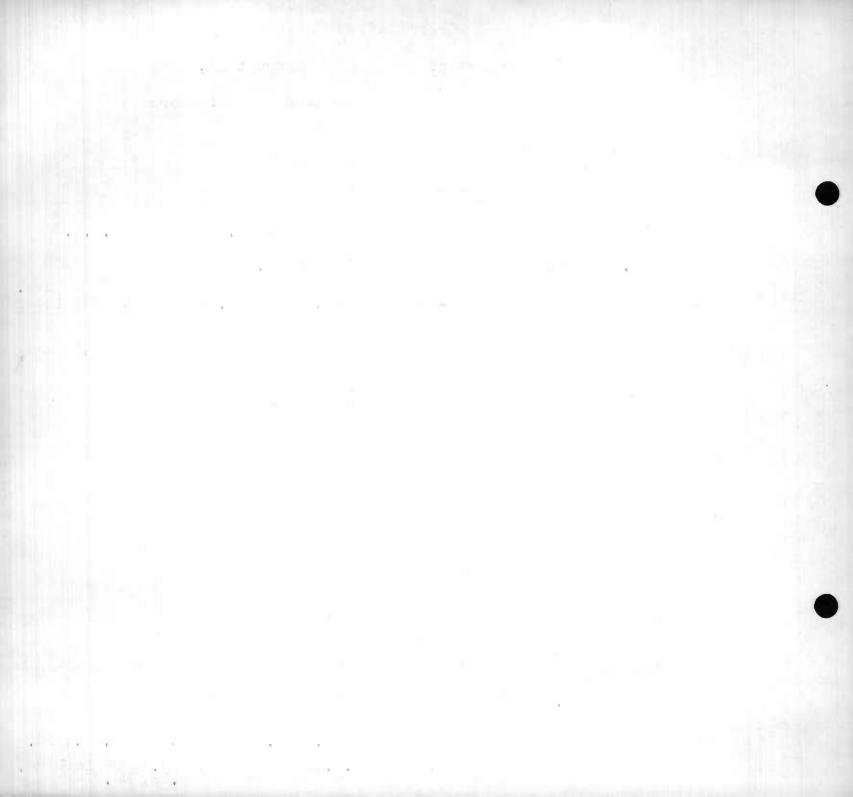


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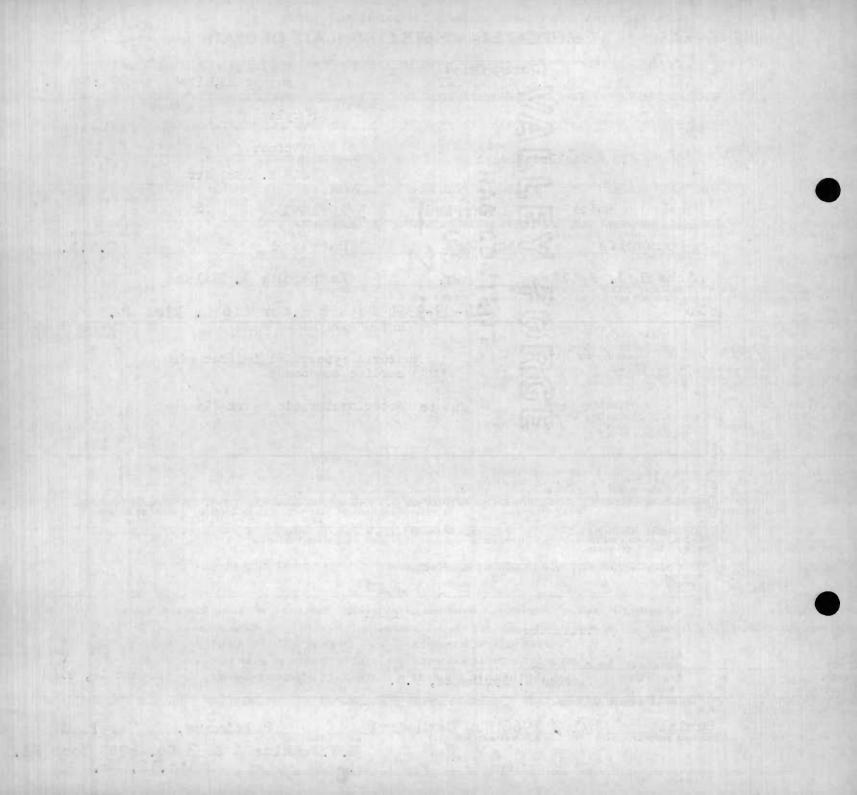
FUNERAL DIRECTOR: IMPORTANT

66 08261	BALTIMORE CIT	TY HEALTH DEPARTMENT	66 08261
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered	No. UU UCAUI
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH
Type or Print)	Anna Stanf		
PLACE OF DEATH IN BALTIMORE MARY	Anna Stapf	August 14. 1	1966 /2" P
TEACE OF BEATT IN BALLINGARY MAKE		A. STATE B. CDUNTY	III III III III III III III III III II
FULL NAME OF (If not in hospital or	r institution, give street	Maryland Baltim	ore
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
*		Baltimore	33-00
Gould Nursi	ng Home	D. STREET ADDRESS (If rural, give location	)
Godia Naibi	110 1101110	92 Dunkirk Road	
SEX 6. RACE 7	, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
noF and W	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work)	Married	6/5/1889 77 RY 11. BIRTHPLACE (State or foreign country)	10.0171001.00
one during most of working lile, even if retired)	OR KIND OF BUSINESS OF INDUSTR	(1       BIKINFLACE (Store or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore, Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Edurand M Classica		Florence W Point	
Edward M. Glorius		Florence V. Baird	
5. Was Deceased Ever in U. S. Armed Force (es, no or unknown) (If yes, give war ar dates		17. INFORMANT	ADDRESS
No		LOB Mrs. Horace B. Wil	
18. 44 9. 6		OF DEATH	INTERVAL BETWEEN
7-22.			ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	et ort.Co	0 5
(This does not meen the mode of	dying, e.g., DUE TD	sternschiste Cardion	ecille many ye
heart failure, asthenia, etc. II means t	the disease,		0 9
injury at complication which coused o	Jeoth.)	island - 1 - 1	0. +
ANTECEDENT CAUSES	(B)	generalized arthurs	we.
DISEASES OR CONDITIONS, if an		0 "	
rise to the obove cause (A)			
UNDERLYING CONDITION last.			
DTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. COND	THON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERFO	JKWED .	IN CERTIFING	CAUSES OF DEATH!
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID (If in Balt	timore City, give exact location?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
U			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPRDX)	While At Not W		
			111
22. I certify that (I) (this haspital)	ottended the deceased from	ang 13 1966 10 0	7
that (1) (we) last sow the deceased	alive on aug (	3 019 (e (e ond that in (my) (que)	opinion death occurred on the
and hour and from the couses state	d obove. (I) (We) (did) (did not)		
23A. SIGNATURE			238, DATE SIGNED
Da 05	0 - M.D. A	ttending Med. Stoff	0 15-1.1
may 1, con	luh MD P	hys. Director Phys.	8-12 66
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Max R. E	nglish M.	5713 Belair Road	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (Stat
REMOVAL (Specify)	240. IVAIVE OF CEIVIETERY OF C	Z4D. LOCATION	(Stor
Entombment 8/16/19	66 Dulaney Vall	Ley Mem. Grds. Timonium	. Balto Co. Md
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 15 1965 (1	2. Down & Strange Mills		Co. 4905 York R
2			
VS 150-REV. 1/1/65	Charles & Market	H.W.Jankins & Sons Balto	



VS 151-REV. 1/1/65

(Type or Print)	ECEASED	(Josephine)	2	DATE AND HOUR PRONOUNCED		
	MARY	JO MARTIN WHERE PRONOUNCED DEAD	August 13, 1966 4:40 P. M. H. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission			
FULL NAME OF		ITAL OR INSTITUTION, GIVE STREET	A. STATE Ma	ryland B. COUNTY		
HOSPITAL OR	ADDRESS OR LOC	CATION)		(If outside corporate limbs) write RU  1timore	RAL and give township)	
0	616 East 33	Brd Street	D. STREET ADDRE	SS (If rurol, give location)		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	16 E. 33rd Street	Under 1 Yr. If Under 24 Hrs.	
Female	White	WIDOWED, DIVORCED (specify)  Married	3/25/18	lost birthdoyi M	onths Doys Hours, Min.	
	CUPATION (Give kind of working life, even if retired				CITIZEN OF WHAT COUNTRY?	
Hous	sewife	Own Home	Maryl	and DEN NAME	U.S.A.	
Michae	el J. Reill	.ey	Kathe	rine E. Boland		
(Yes, no or unknow	SED EVER IN U.S. ARM vn) (If yes, give wor or do	ED FORCES?  otes of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT		DORESS	
NO		414-03-3554 CAUS	CF DEATH	.Cox 616 E. 33rd	INTERVAL BETWEEN	
DISE	ASE OR CONDITION I		. Of BEALL		ONSET AND DEATH	
(This does	LEADING TO DEAT	TH Rupti	red myocar diac tampo	dial infarct with		
injury or c	re, osthenio, etc. It meo complication which couse		diac tampo	naue		
DISEASES	ANTECENDENT CAU		eriosclero	tic heart disease		
	THE ABOVE CAUSE (A)	STATING THE				
	ING CONDITION LAST	Г.				
UNDERLY		(C)				
UNDERLY ZOLUMN OTHER SINTO THE	II GNIFICANT CONDITION DEATH BUT NOT F	(C)				
OTHER SIL	II GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSI	(C) IS CONTRIBUTING RELATED TO THE NG IT. DODITION FOR WHICH OPERATION	20A. AUTOPSY? (	Yes or No) 208, IF YES, WERE FINDIN	IGS CONSIDERED	
UNDERLY OTHER SIGNATURE OTHER SIGNATURE TO THE DISEASE 19A. DATE C	GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSIN DEATH STATEMENT OF CONTROL OF CAUSIN DEATH OF CONTROL OF CAUSIN DEATH	IS CONTRIBUTING RELATED TO THE NG IT.  ONDITION FOR WHICH OPERATION ERFORMED	Yes	IN CERTIFYING CAUSES O	OF DEATH?	
OTHER SILL OTHER SILL TO THE DISEASE 19A. DATE CO 19A. DATE CO UNDERLYNING UTING CA	II GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSI	IS CONTRIBUTING RELATED TO THE NG IT.  ONDITION FOR WHICH OPERATION ERFORMED	Yes	IN CERTIFYING CAUSES ( LERE DID (If in Boltimore City, give e	OF DEATH?	
UNDERLY  OTHER SI  TO THE DISEASE  19A. DATE CO  VINDERLYING	GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSIN DEATH SUT NOT F WAS PI  IAL CAUSE WAS GOOR CONTRIB- LUSE OF DEATH.	CC)	Yes in or obout 21C. Whoffice bldg., INJURY C	IN CERTIFYING CAUSES ( LERE DID (If in Boltimore City, give e	OF DEATH?	
OTHER SILL OTHER SILL TO THE DISEASE 19A. DATE CO 19A. DATE CO UNIDERLYING UNIDERLY 21A, EXTERN UNIDERLY OF INJURY (APPROX.)	GNIFICANT CONDITION DEATH BUT NOT E OR CONDITION CAUSE OF OPERATION 198. CC WAS PI  IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yes)	CC)	Yes in or obout 21C. WH office bldg., NJURY C	IN CERTIFYING CAUSES (IERE DID (If in Boltimore City, give e	xoct location)	
UNDERLY  OTHER SITO THE DISEASE OF INJURY (APPROX.)  UNDERLY  OTHER SITO THE DISEASE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSIN DEATH SUT NOT F WAS PI  IAL CAUSE WAS GOOR CONTRIB- LUSE OF DEATH.	IS CONTRIBUTING RELATED TO THE NG IT.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  WHILE AT NOT M. WORK  Inquiry Inspection Au	Yes in or obout 21C. WH office bldg., NJURY C	IN CERTIFYING CAUSES OF YES OF THE PROPERTY OF	xoct location)	
UNDERLY  OTHER SITO THE DISEASE OF INJURY (APPROX.)  UNDERLY  OTHER SITO THE DISEASE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	GNIFICANT CONDITION DEATH BUT NOT F OR CONDITION CAUSIN DF OPERATION 198. CO WAS PI  IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Yes	CC)	Yes in or obout 21C, Whoffice bidg, INJURY Co	IN CERTIFYING CAUSES ( LERE DID (If in Boltimore City, give e CCCUR?  V DID INJURY OCCUR?  That on this basis, death in my a Undetermined manner	xoct location)	
UNDERLY  OTHER SIT  TO THE DISEASE  19A. DATE OF UNDERLYING UTING CA  21A TIME OF INJURY (APPROX.)  22. I ce Fest  ACTUA SIGNA EXAMI	GNIFICANT CONDITION DEATH BUT NOT E OR CONDITION CAUSI OF OPERATION 198 CO WAS PI  IAL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye  Pertify that I held an ulted fram: Natural co  AL TURE  INER'S Charle	IS CONTRIBUTING RELATED TO THE NG IT.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  WHILE AT NOT M. WORK  Inquiry Inspection Au	Yes in or obout 21C. Whoffice bidg., INJURY Control 21F. Hove tapsy X and the Hamicide CHIEF MED ASSISTANT MED	IN CERTIFYING CAUSES OF YES  IERE DID (If in Boltimore City, give en CCCUR?)  V DID INJURY OCCUR?  That on this basis, death in my a company of the company	pinion	
UNDERLY  OTHER SIT  TO THE DISEASE  19A. DATE OF UNDERLYING UTING CA  21A TIME OF INJURY (APPROX.)  22. I ce Fest  ACTUA SIGNA EXAMI	GNIFICANT CONDITION DEATH BUT NOT BOR CONDITION CAUSE OF OPERATION 19B. COWAS PI  IAL CAUSE WAS GOOR CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Year)  WAS PI  IAL CAUSE WAS CONTRIB- AUSE OF DEATH.  (Month) (Doy) (Year)  INTER'S Charle  (Type)  REMATION, 23B. DATE	CC)	Yes in or obout 21C. Whoffice bidg., INJURY Control 21F. HOV while tapsy X and a CHIEF MED ASSISTANT MED ASSOCIATE ME	IN CERTIFYING CAUSES OF YES  IERE DID (If in Boltimore City, give en Cocur?)  V DID INJURY OCCUR?  What on this basis, death in my a company of the company	pinion  DATE SIGNED	



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	66 U	8263	9	BALTIMORE CITY HEAL	TH DEPARTMEN	IT.		00	110000
BIR	TH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICAT	TE OF D	EATH Registe	ered No	08263
M.	E CASE NO.								
T.	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
119		e L. Del	ano	Busick		8-12	-66		3:35 DM
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W		INCED DEAD	A. STATE	ENCE (Where d		titution: resid	ence before odmission)
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Mary.		corporate limits, writ	te RURAL or	d give township)
INS	SPITAL OR						A)	NO RAL OI	la give wiisiipi
	2944 W	ymann Parkway	, Baltin	more	D. STREET ADDI		sive leaster)		
					2944		Parkway		
5. 9	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (in years	If Under	1 Yr. If Under 24 Hrs.
	F	W	WIDO WED,	DIVORCED (specify)			lost birthdayl		Days   Hours   Min.
104	-	UPATION (Give kind of work	Wide		Jan. 11	1901	65	12. CITIZE	
		working life, even if retired)			III. BIRTHPLACE	state or rotergn	country)		T COUNTRY?
13	Housew FATHER'S NAM	ife	Own I	Iome	Balt.	imore.	Md.	U	L.S.A.
13.									
15		H. Delano	FORGES	11/ 50 51 41	Ida 17. INFORMANT	M. Sny	der	ADDRESS	
		ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT			A D D KE 22	
	No		2	15-07-5954	Mrs.Ida	D. Cul	llison, 1	.10 Be	llemore Ro
	18.	20.21		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY						ONSE! AND DEATH
	(This does	LEADING TO DEATH			e barbitu	rate int	oxication		# « « « « « » » » » » » « « « » » » » »
	heart failure	not meon the mode of , osthenio, etc. It means implication which coused	the disease,	DUE TO					
		The state of the s	00011117					179	
		ANTECENDENT CAUSE		(B)					A0000000000000000000000000000000000000
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO					
z	UNDERLYII	NG CONDITION LAST.		(C)		***********		*************	««плаолаоп«пппппапас«поас»»
ERTIFICATION		l)							
3		NIFICANT CONDITIONS							
Ē		DEATH BUT NOT REL		HE					***********
ER	19A. DATE OF	F OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE F		
CO					No		N CERTIFYING CAU		
\delta \	21 A. EXTERNA UNDERLYING	CAUSE WAS	21 B. home	PLACE OF INJURY (e.g., , farm, factory, street, c	in or obout 21C, V	VHERE DID (IF	in Boltimore City, g	ive exoct lo	cotion)
<u>a</u>	UTING CAU	JSE OF DEATH.	etc.)	Home			yman Barkwa	/-	2-05
Σ	21 D TIME	(Month) (Day) (Year	Hour) 2	E INJURY OCCURRED	21 F. H	N DID INJUR	Y OCCUR?	ду	
	OF INJURY (APPROX.)	Unknown	_ v	WHILE AT NOT	WHILE X Ir	ngested o	overdose o	f barb	iturates
	22.								
	l cer	tify that I held on I	nquiry			d that on this	basis, deoth in	my opinion	
	resu	Ited from: Notural co	uses A	ccident Suicid			ndetermined monn	er	
		. (3) 1.	1	171	CHIEF M	EDICAL EXA	MINER		DATE SIGNED
	SIGNAT		30.0	Joseph M.D.	ASSISTANT M	EDICAL EXA	MINER		
	EXAMIN	VER'S Chanles	S. Snm	ingate, M.D.	ASSOCIATE M	EDICAL EXA	AMINER		8-13-66
22.4	NAME (	. /   - /			005144	loop to	645011		
	MOVAL (Specif			C. NAME of CEMETERY of	CREMATORY	230. 10	CATION (City	, town, or c	ounty) (State)

Burial 8/15/1966 Woodlawn
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

Balto. Co., Maryland

24C. FUNERAL DIRECTOR

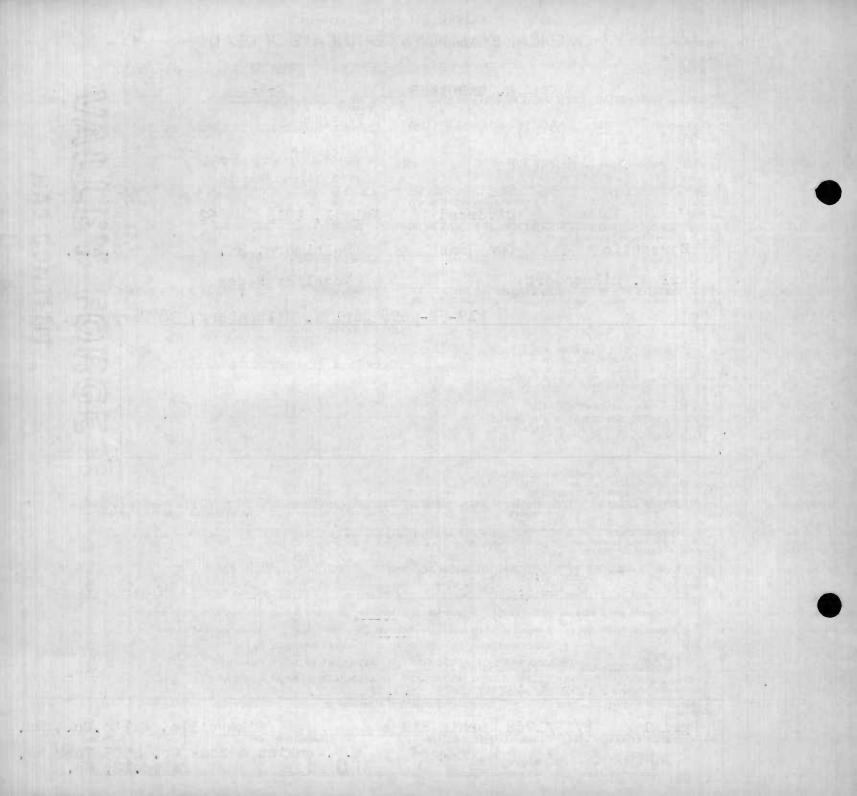
H.W. Jenkins & Sons Co. 4905 York Rd.

Balto.12, Md.

V\$ 151-REV. 1/1/65 A

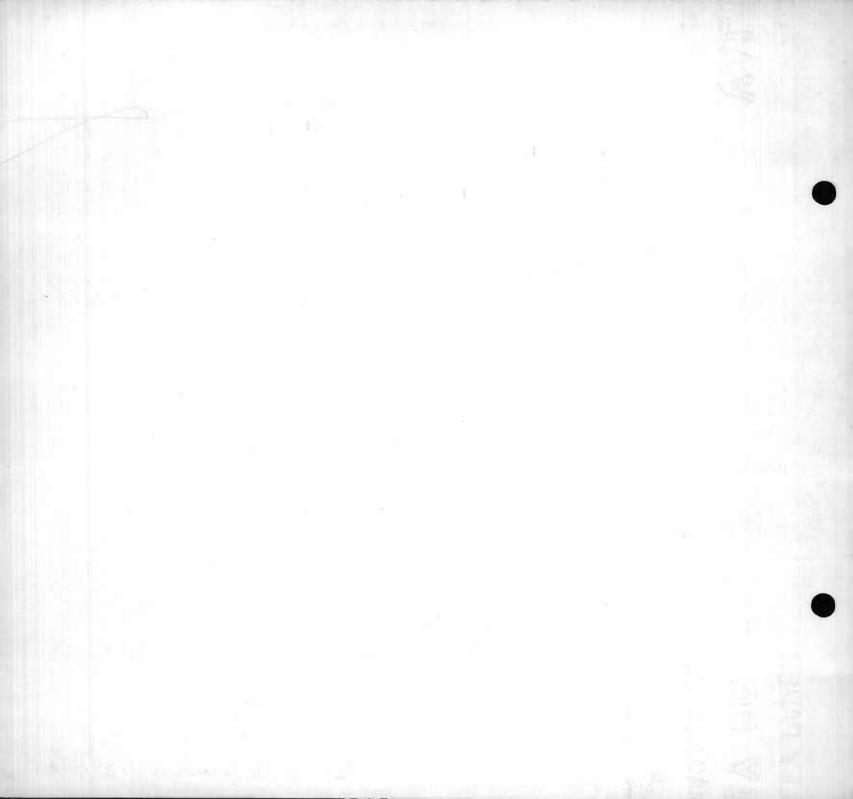
Yeline diaPal ..... Tanaves S SELL SIETS WELLS, PERSONAL SELECTION OF THE SELECTION OF positive of garage MILLIAN, West of the state 

(Type or Pi	NO.			RTIFICATE OF		
	F DECEASED	ABIOTIT A TT WIL			ID HOUR PRONOUNCE	
3. PLACE IN	BALTIMORE, MARYLAN	ANGELA H. G.	CED DEAD	8-9-		7:10 P. M. ution: residence before odmission)
				A. STATE Maryland	B. COU	NTY
FULL NAM HOSPITAL C	OR ADDRESS OR	LOCATION)	ON, GIVE STREET	C. CITY OR TOWN (If outside	le corporote limits, write	RURAL and give township)
114311101101				Baltimore	0	1-14
1	4902 ROLAN	D AVENUE		D. STREET ADDRESS (If rurol,		
5. SEX	6. RACE	7. MARRIED, NE	VER AAARRIED R	4902 Roland Av	P. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
		WIDOWED, DIV	ORCED(specify)		lost birthdoy)	Months Doys Hours Min.
Female	White Occupation (Give kind	DIVO		uly 1, 1914  1. BIRTHPLACE (State or foreign	52	12. CITIZEN OF
done during r	iost of working life, even if r	etired)				WHAT COUNTRY?
13. FATHER	USOWITO NAME	Own I	iome	Baltimore.	E NG	U.S.A.
Car	1 G. Hilger	nberg		Angelias P	9770	
15. WAS DE	CEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECURITY NO.	Angelica R	0850	ADDRESS
No	kilowin, dr yes, give wor			Carl G Hila	enhere 28	Warrenton Road
1B.	9 90 0	4		OF DEATH	entrerig. 30	INTERVAL BETWEEN
5	DISEASE OR CONDITION	ON DIRECTLY				ONSET AND DEATH
	LEADING TO D	DEATH	(A) Ove	rdose of barbit	urates	
heort	failure, osthenio, etc. It or complication which co	meons the discose,	DUE TO			
	ANTECENDENT C	Alicec				The state of the state of
DISE	ASES OR CONDITIONS	S, IF ANY, GIVING	(B)DUE TO	•••••••••••		
UND	TO THE ABOVE CAUSE ERLYING CONDITION	LAST.				A III TANK I DE LE
0 <u></u>			(C)			
M OTH	II R SIGNIFICANT CONDI					MILE ROS
T DISE	THE DEATH BUT NO ASE OR CONDITION CA					
19A. DA	TE OF OPERATION 198	S CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	
	EDNAL CALISE WAS		ACE OF INITIBY (a.g. in	Yes WHERE DID	Yes	
O Z		home,	om, foctory, street, offi	or obout 21C. WHERE DID	In commore City, giv	e exoci locollon/
O P	YING OR CONTRIB-	etc.)				
21A. EX UNDERL UTING	YING OR CONTRIB-		Home		nd Avenue	
O TA 21A, EX UNDERLUTING	YING OR CONTRIB- CAUSE OF DEATH.  AE (Months De LWE)	en <sup>Ye</sup> 2':00° and 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21A. EX UNDERL UTING 21D TIP OF INJU	YING OR CONTRIB- CAUSE OF DEATH.  AE (Months De LWE)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	barbiturates
21A, EX UNDERL UTING	ME (Month Be Lwee L.) 8 9	en' 2':00° and 1'E.  166 6:30m.	INJURY OCCURRED  ILE AT NOT WAT WO  INSPECTION AT WO  AUTO	PARK Ingested	URY OCCUR?	
21A, EX UNDERLUTING UTING 21D TI/OF INJU	CAUSE OF CONTRIB- CAUSE OF DEATH.  AE (Month Be EWee	en' 2':00° and 1'E.  166 6:30m.	INJURY OCCURRED  ILE AT NOT WAT WO  INSPECTION AT WO  AUTO	21F. HOW DID INJUNE	URY OCCUR?  Loverdose of  is bosis, death in my  Undetermined manner	y opinion
V 21A, EX O UNDER UTING OF INJU (APPRO) 22.	I certify that I held cresulted from: Natur	en' 2':00° and 1'E.  166 6:30m.	INJURY OCCURRED  LE AT NOT WAT WO  INSPECTION Auto  Suicide  Suicide	21F. HOW DID INJUNE	URY OCCUR?  Loverdose of is bosis, death in my Undetermined manner (XAMINER [	y opinion
21A, EX O UNDERL O UNDERL O UNDERL OF INJUING (APPRO)	AE (Month) Be LWE (Month) 8 9  I certify that I held of resulted from: Nature Charles (Manuel Charles)	en' 2':00° and 1'E.  166 6:30m.	INJURY OCCURRED  LE AT NOT WAT WO INSpection Autor Suicide  M. D.	Ingested  psy X ond that on th  XX Homicide   CHIEF MEDICAL EX	URY OCCUR?  Loverdose of is bosis, death in my Undetermined monner KAMINER    KAMINER	y opinion  DATE SIGNED
21 A. EX UNDER UTING UTING (APPRO)	AE (Month) (Day)  RY (Month) (Day)  RY (Month)	en 1° 2° 1° 10° 10° 10° 10° 10° 10° 10° 10° 10°	INJURY OCCURRED  LE AT NOT WAT WO INSPECTION Autor Suicide  M. D.	21F. HOW DID INJUNE	URY OCCUR?  Loverdose of is bosis, death in my Undetermined monner KAMINER    KAMINER	y opinion
22.  21A. EX UNDER UTING UTING OF INJU (APPRO)  22.  23A. BURIA	I certify that I held a resulted from: Nature AMINER'S ME (Type) RUD	en 1°22': 00°0 and 1°6.  1°66 6:30 m. 1°6.  In Inquiry	INJURY OCCURRED  LE AT NOT WAT WO INSPECTION Autor Suicide  M. D.	Ingested  psy X ond that on th  XX Homicide   CHIEF MEDICAL EX  ASSOCIATE MEDICAL EX	URY OCCUR?  Loverdose of is bosis, death in my Undetermined monner (AMINER (X)  XAMINER (X)  XAMINER (X)	y opinion  DATE SIGNED
22.  ACC SIGNA BURIAR REMOVAL	I certify that I held or resulted from: Nature AMINER'S AME (Type) RUD L CREMATION, 238 DA Specify)	en 1°2':00° and 1°6' 66 6:30m. Mb	INJURY OCCURRED  LE AT NOT WAT WO INSPECTION Auto Suicide  M.D.  ECKER, M.D.  NAME of CEMETERY of	Tingested  psy X ond that on the  CHIEF MEDICAL EX  ASSOCIATE MEDICAL EX  CREMATORY 23D. L	URY OCCUR?  L overdose of is bosis, death in my Undetermined monner (XAMINER (XAMINER (XAMINER (XAMINER (City,	DATE SIGNED 8-10-66 town, or county) (State)
22.  ACC SIGNATION OF INJURIES	I certify that I held of resulted from: Nature AMINER'S ME (Type) RUD L CREMATION, Specify)  1 a1 REC'D BY HEALTH DEPT	in louses According BREITEN ATE 23C. I	INJURY OCCURRED  LE AT NOT WAT WO INSPECTION Auto Lident Suicide  M.D.  ECKER, M.D.  NAME of CEMETERY or  Cuid Ridge  REGISTRAR	TINGESTED  PSY X ond that on the Control of the Con	UNY OCCUR?  L overdose of is bosis, death in my Undetermined monner (XAMINER (XAMINER (XAMINER (City, OCCATION (City, OCCATION))	DATE SIGNED  8-10-66  town, or county) (State)  Balto.Co., Md.
22.  ACCOUNTER UTING UTING UTING UTING UTING OF INJUICAPPROX	I certify that I held a resulted from: Natyr Mature AMINER'S ME (Type) RUD L CREMATION, 238 D. Specify) Lal 8/1	in louses According BREITEN ATE 23C. I	INJURY OCCURRED  LE AT NOT WAT WO INSPECTION Auto Lident Suicide  M.D.  ECKER, M.D.  NAME of CEMETERY or  Cuid Ridge  REGISTRAR	TINGESTED  PSY X ond that on the Control of the Con	UNY OCCUR?  Loverdose of is bosis, deoth in my Undetermined monner (XAMINER (XAMINER (XAMINER (XAMINER (City, 1 kesville, 2 & Sons Co	DATE SIGNED 8-10-66 town, or county) (State)

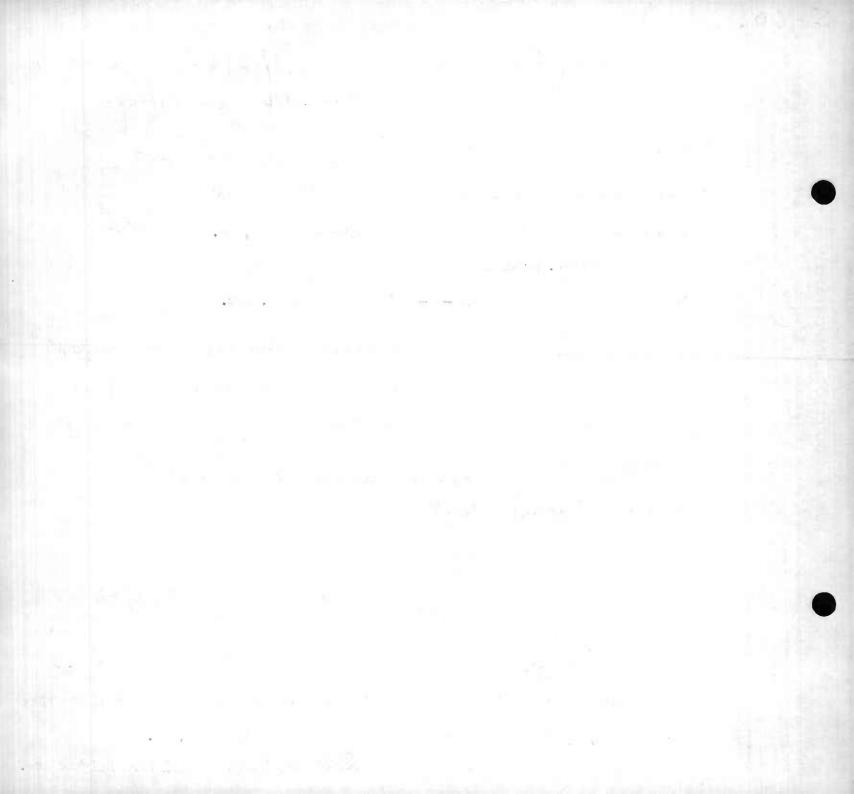


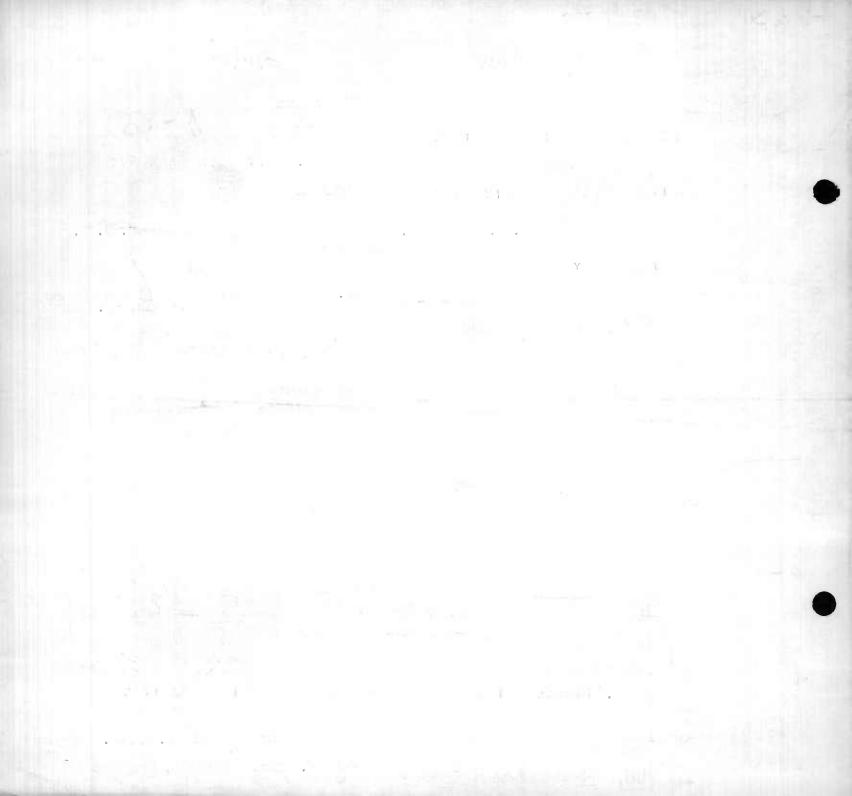
THE CHARLES OF THE PARTY OF THE

ac near	BALTIMORE CITY HEALTH DEPARTM		66 08266
BIRTH NO. M.E. CASE NO.	CERTIFICATE OF DEA	TH Registered Na	00 00200
T, NAME OF DECEASED (Type of Print)  LUCY STEWAR		SING B	1 11:45 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE	CE (Where Ideceased tived, If in: B. COUNTY	stitution: residence befare admissiont
FULL NAME OF (If not in hospital or institution, give address or location)	sheet MARYLAND	BALT (If outside city limits, write)	AIRAL and give termselie)
INSTITUTION J.H.H.	BALTIMO		O / O
JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS		ANE
+ N MARR	IED (Separal Political)	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BL lane during most all working life, even if retired)	ISINESS OR INDUSTRY IT. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Rev C.	, (Reflero	1 0.5
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
S. Wod Deceased Ever in U. S. Armed Abuca?	SOCIAL 17. INFORMANT	- 1	ADDRESS
IS. Was Deceased Ever in U. S. Armed Sices? (Yes, no ar unknown) (If yes, give war ar after of service)	SECURITY NO. Wille	am Toppo	1623 Faith fan
18. 4 20 1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B. TO N	1 1	
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	*	
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	DUE TO	**************************************	3944mm <b>4</b> m 000 <b>5</b> 0 0 5 m 0 5 00 5 00 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		₩	
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION 20 A. AUTOPSY? (Y	es or No. 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PL home, etc.)	ACE OF INJURY (e.g., in or about 21 C. WHERE form, factory, street, office bldg., INJURY OC	E DID (If in Baltimore CCU R?	City, give exact location!
		DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the	12/	1966 to	8/12 1966
that (I) (we) lost sow the deceased alive on	8/12 19 66		nian deoth occurred on the dat
ond hour and fram the causes stated above (1))	We) (did) (did not) view the body ofter	deoth.	
23A. SIGNATURE	M.D. Attending Med.	Sioti Ph	238 DATE SIGNED
23 C. PHYSICIAN'S	Phys. Direct	lor Phys.	0 / 1
NAME (Type) ALLEN GINSBERG	M.D. JOHNS H	PKINS HOSPITAL	
	E OF CEMETERY OF CREMATORY		ly, lown, or county) (State)
Removal Chery 5/66		Tologo.	n. Carolina
2SA. DATE REC'D BY HEALTH DET. 2SB. NAME OF	REGISTRAR 2SC. FUNERAL D	DIRECTOR EN -1	ADDRESS P. A.
9.5	T. Due O Bullan	a Ca Thickson	~ 112711. auch



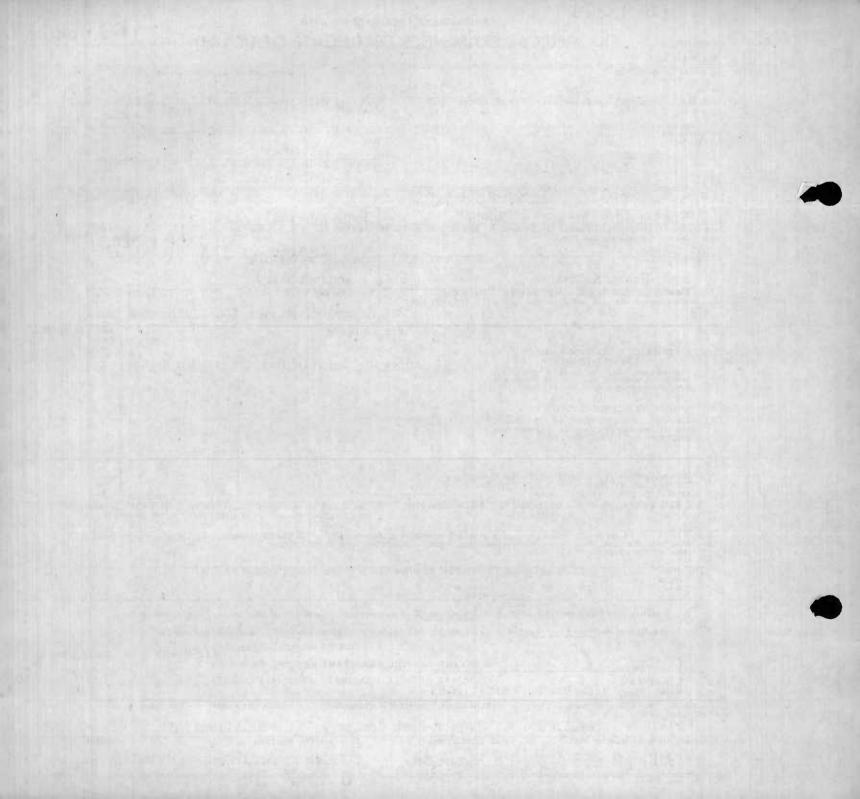
	00 00000		BALTIMORE CITY	HEALTH DEPARTMEN	TV	00 00000
BIRTH NO.	66 08267		CERTIFICA	TE OF DEAT	H Registered Na.	66 08267
NAME OF DE	ECEASED Agne	2.8		2. DA	TE AND HOUR OF DEATH	
ype or Print)	SERIO	TUINI	ETTE		3/12/66	16:45 A
PLACE OF D	EATH IN BALTIMORE MA		- 1 1	4. USUAL RESIDENCE	(Where deceased lived, If is	nstitution: residence before admissi
	7				COUNTY	
HOSPITAL OF	R oddress or location	or institution,	give street	C. CITY OR TOWN	(If outside city limits, write	PMPAL and sive towardia)
INSTITUTION				BALTI		NO AC OND GIVE IOWISHIP!
201101	11050311	05	BALTIMORE	D. STREET ADDRESS	(If rurol, give location)	2178
JINHI	HUSFIIAZ	0	DUTILIONS	4820 PG	ARK H+S	AUE
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
5	Land Spec		D, DIVORCED (specify)	Lalialie	lost birthdoy)	Months Doys Hours Min
TEMPLE	CUPATION (Give kind of work	MA KIND O	RIED	11. BIRTHPLACE (Stote	48	12. CITIZEN OF
	of working life, even if retired)	TODA KATAD OF	BOSINESS OK INDUSTRI	TI. BIRTITE A GE (STOTE I	or lotergii couliny)	WHAT COUNTRY?
House		At	Home	BALTin	more, Md.	USA
FATHER'S NA	AME			14. MOTHER'S MAIDE	NAME	
	Frank J.	McDona	Ld		Agnes Tennyso	on
. Wos Deceos	ed Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknov	wn) (If yes, give wor or date	s of service)	216-24-2746	Цо	sp. Rec.	
					sp. reec.	
18.	K 0. C		CAUSE O	T DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY		100101	ABARCT	1 1/10 1-
(This does	not mean the mode of	dvina. e.a	DUE TO	ARBIAC	ARREST	6 140 A7
heart foilure	e, asthenia, etc. It meons omplication which caused	the disease,				
Injury or co		ueum./	In Cor	PLETE HE	EART BLOCK	1 day
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if (		(C) A	SHD		4-645
	NG CONDITION last.					
	11					
OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCID	NIFICANT CONDITIONS C DEATH BUT NOT RELA	ONTRIBUTIN	G			
DISEASE O	R CONDITION CAUSING I	Т.	CHEDING			
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
8/11	166 AE	ART	BLOCK			
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE E ffice bldg., INJURY OCCI	OID (If in Baltimor	e City, give exact location)
I DEATH (not	ify medical examiner	etc.				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
OF INJURY		Wh	ile At Not While	e 📄		
20. 1	· · · · · · · · · · · · · · · · · · ·			175/11		1.2/16
	fy that (1) (this hospital		he deceased fram	/	19 to 8	11-2166 19
that (I) (we	e) lost saw the decease	d alive an_	8/12/00	19a	nd that ir((my) (our) api	nion death accurred an the
ond haur a	nd fram the couses stat	ed obove. (	(We) (did) (did not) v	riew the bady after de	eath.	
23A. SIGNAT	TURE					23 B. DATE SIGNED
1 /13	au Il	DOLA	M.D. Atte	ending Med.	Stoff Phys	8/12/66
23C. PHYSIC	IAN'S	1		23D. ADDRESS	./	100
NAME	RALLA A	5000	M.D.	5000 . 11	OSA = M	> PAITIMA
4A. BURIAL CE	REMATION, 24B, DATE	124C M	AME of CEMETERY OF CRI	SINH!	4D. LOCATION (C	F DITGITION
REMOVAL	(Specify)					ity, town, or county) (State
Buria			dlawn Cemeter		Baltimore, 1	
5A. DATE REC'		. 7 .	F REGISTRAL	25C FUNERAL DIR		ADDRESS
	AUG 1 5 1966	OR Don !	T E STOLLOW MA	Bol Bring	7 emman. 461	l Park Heights Av
\$ 150-REY_1/.1		4 90 90 90		-		





## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 U8269

	E. CASE NO.	MILL	ICAL LA	AMIII TER O C	EKTITICA				DELINING.
1,	NAME OF DECEASE	D				2. DATE AND	HOUR PRONOUNCE	ED DEAD	
{Ty	pe or Print)	ANNA	K.	EBERHART			12, 1966		7:45 A
3.	PLACE IN BALTIMOR				4. USUAL RESID			itution: resid	dence before admission)
FII	II NAME OF (	F NOT IN HOSPIT	AL OR INSTITU	ITION CIVE STREET	Mar	yland		1,	3,03
HC	LL NAME OF (I SPITAL OR A STITUTION	DDRESS OR LOCA	ATION)	ITION, GIVE STREET	C. CITY OR TO	VN (If outside	corporate limits, write	RURAL or	nd give township)
114.					Ba1	timore	06-	-0	3
2	J	ohns Hopki	ins Hosp	ital	D. STREET ADDI			-	
					390	2 South	lare Road		
5.	SEX 6. RA	CE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)	If Under	1 Yr. II Under 24 Hrs. Doys : Hours , Min.
	Female '	White	Wide		Dec. 27,	1971	54.5	14.0011113	110013
				BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign		12. CITIZE	
don	e during most of working  At home	lile, even if retired)			M	7 3		WHA.	COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME		1	
	Henr	ry Krider			Anna (	Crowley			
15.	WAS DECEASED EV		FORCES?	16. SOCIAL	17. INFORMANT	or owner?		ADDRESS	
	s, no or unknown) (If ye	s, give wor or date	es of service)	SECURITY NO.	77.2 7.7	70.	0507 T		D = = 3
	No					wagner	2503 Jerus	arem 1	ROBU
	18.	/		CAUSI	OF DEATH				ONSET AND DEATH
-	DISEASE OF	CONDITION DI	RECTLY						
		DING TO DEATH		(A) Arter	iosclerot	ic Cardi	iovascular I	)iseas	e.
	heart foilure, asth	eon the mode of enio, etc. It meons tion which coused	the disease,	DUE TO					
	injuly of complete	non which coused	geom.						
		CENDENT CAUS		(B)					
		ONDITIONS, IF A		DUE TO	•••••	••••••	*************************		•••••••••
	UNDERLYING C	ONDITION LAST.	TAINTO ITTE						
No			100	(C)		**************			
IT	OTHER SIGNIES	II ANT CONDITIONS	CONTRIBUTION	16					
CERTIFICATION	TO THE DEAT	H BUT NOT RE	LATED TO T						
RTI	19A. DATE OF OPE	NDITION CAUSING		WHICH OPERATION	200 AUTORSY	2 (You or No) F	208. IF YES, WERE FIR	NDINGS	ONSIDERED
CE	(*)	WAS PER		WINCH OFERATION	No. No		N CERTIFYING CAUS		
1 V	21A, EXTERNAL CA	USE WAS	218.	PLACE OF INJURY (e.g.,		VHERE DID (	f in Boltimore City, give	ve exact la	cotion)
EDIC,	UNDERLYING OR	CONTRIB-	home,	, lorm, foctory, street,	office bldg., INJURY	OCCUR?			
ME									
-	OF INJURY	nth) (Doy) (Yea	r) (Hour) 2	IE. INJURY OCCURRED		DENI DE WC	RY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT	WHILE				
	22. I certify t	hat I held an 1	Inquiry 🗌	Inspection X Au	tapsy and	d that an this	s basis, death in m	v apiniar	
		ram: Natural ca	F=3	ccident Suicid			ndetermined manne		
				7.7		EDICAL EX			
	ACTUAL	6)6	21.5	105					DATE SIGNED
	SIGNATURE		times -	M.D	ASSISTANT M				8/12/66
	EXAMINER'S	017	S. Pett	y, M.D.	ASSOCIATE M	EDICAL EX	AMINER		
	A BURIAL CREMATI	ON, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LC	CATION (City,	town, or c	county) (Stuto)
KE	MOVAL (Specify) Burial	8/15/6	6	Loudon Park	Cemetery	B <sub>2</sub>	ltimore, Md		
24	A. DATE REC'D BY H			OF REGISTRAR		AL DIRECTOR	TOTMOTE, MU		DDRESS
	The second second	w		Farkerma			1 Home 4910		
	AUG 1	0 1200 OF	Belly E	Comment	DITTICI	r unera	1 Home 4210	DeTal	ir noau.
VS	151-REV. 1/1/65				U	4 4.3			11



66 08270

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

VS 150-REV. 1/1/65

Such

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

IMPORTANT FUNERAL DIRECTOR:

Registered No. 2. DATE AND HOUR OF DEATH coosed lived. Il institution: residence If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS PAUCH TE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinian death accurred on the date 23 B. DATE SIGNED town or county) Baltimore County, Md. Eugenia K. Seitz 5209 York Rd Seitz Funeral Home Balto. Md ADDRESS

The Andrews of the second of t

VS 150-REV. 1/1/65



IMPORTAN

DIRECTOR:

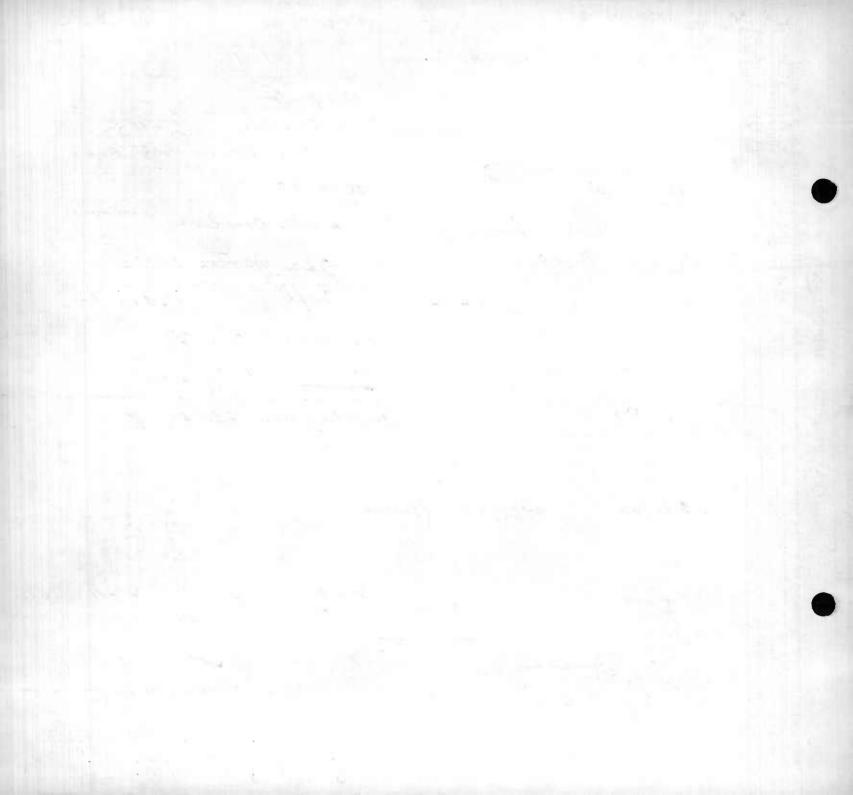
FUNERAL

VS 150-REV. 1/1/65

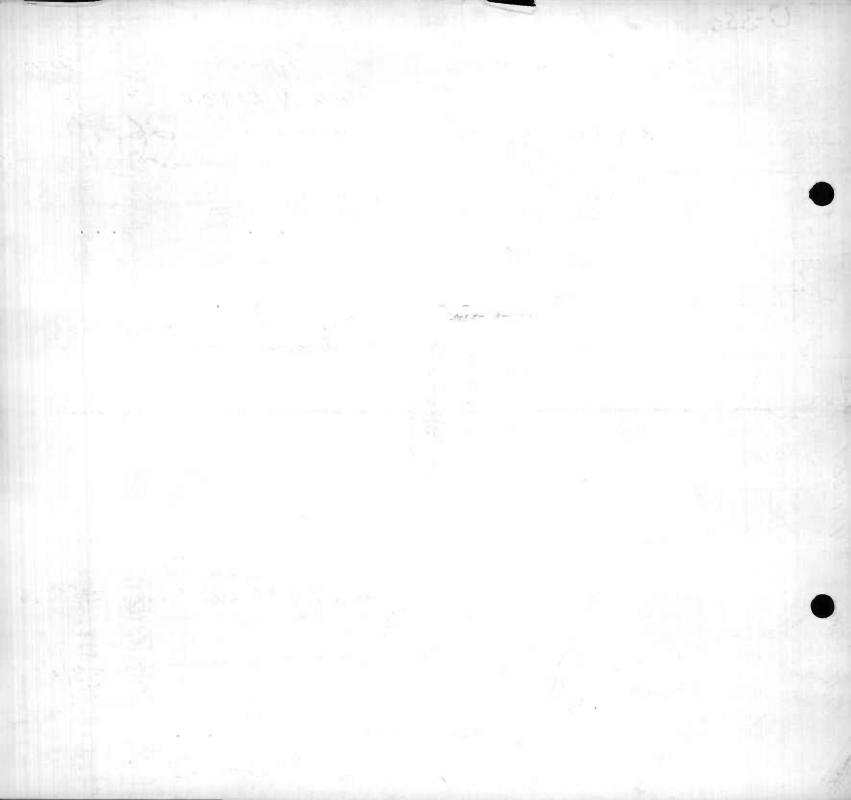
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

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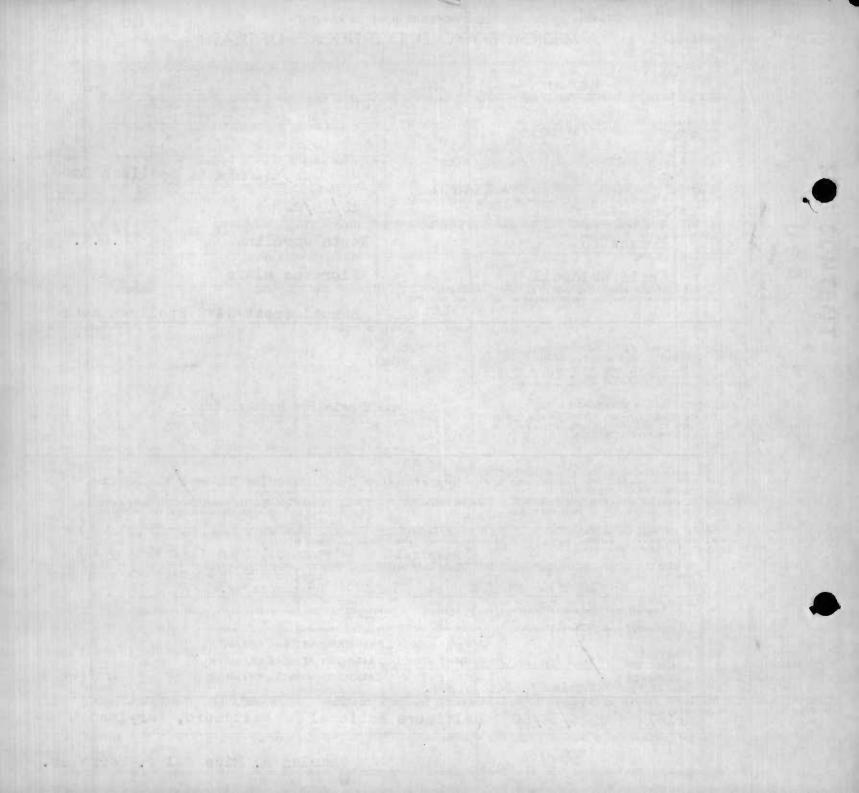
HK	1/7/20		66 08273	BALTIMORE CITY	HEALTH DEPARTMENT		00 110000
02	40.22	IN R	TH NO.	CERTIFICA	TE OF DEATH	Registered No	66 U8273
BO	eath ased the Such		E CASE NO.	CERTIFICA			
V 1.1	ed ed dis		DAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
600	Po e -		OGEN, SHOPE Eliza	beth	8-/1-	66	2 HM
	子でののさ	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. Il inst	
	S		FULL NAME OF (If not in hospitot or institution, g	un atrant	606 N R	Souldie	57 MARYLAND
00			HOSPITAL OR oddress or locotion)	, /		side city limits, write Rt	RAL and give township)
W. (A)	cau Se; end to		Johns Hopkins Hospit	4	DAII.		11-10
72	の日の日本と	1	JUNIOS HEPAINS (405 PI)	// /	D. STREET ADDRESS (II	rurol, give tocotion)	6 / 6
MM	ed care					DIN STREET	
-		5. 1	SEX   6. RACE   7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	O AGE (In venue	If Under 1 Yr., If Under 24 Hrs.
25	ath occurring to a contribute determined in regular deceased lion is made		WIDOWED	DIVORCED (specily)	AA AA TOOO	and the same	Months Doys Hours Min.
	Octobro contrib ermin regul eased is ma		FEMALE WHITE WIDOW		11-11-1900	(65	
Lul	50 5 5 5 E		USUAL OCCUPATION (Give kind of work 108, KIND OF during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
6	or or ndet in dec			home	Baltimore, Md.		U.S.A.
04	1.00 - 5		FATHER'S NAME		14. MOTHER'S MAIDEN NAM		OCOCKE
0 0	THE Was	1					
w b	F		Edward Anderson		MARTHA XXXXX	suchoscologica music	nown
- 20		15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(III yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A	the d the d the d kind; deat deat final c	13		8-01-8910	Hazel Barbary,	ight. showe	
N.W.	20	-	07.00	O O T O T O	nazer barbary,	agiros above	INTERVAL BETWEEN
T O	his as io, if if any inced enda		18. 4 20,11	CAUSE OF	myo cardia	il sufaretu	NITERVAL BETWEEN
0 \$	G G T TO D		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	8/43	- DD V	MI	
>=	r or l . Als ure o onou r att		(This does not mean the made of duing on	E TO	200000		
0	7.50.0		heart failure, asthenia, etc. It means the disease,	P. S.			
OR OR	miner. fractu o pro gular emba		injury or complication which caused deoth.)	A APP			
1	E L C O D O		ANTECEDENT CAUSES	Z 3 3 5 TO			
単り	xamicami A fr who reg		DISEASES OR CONDITIONS, if any, giving	0 346			
⊢ W	S a s		rise to the obove cause (A) stating the UNDERLYING CONDITION last.	CATION			
N G			ONDERENING CONDITION IGSI.	2 18			
, ,	medical medical burns; physicia an was	z	II .	= ( ) 440			
DA	hy hy rer	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	器 (署)			
0 8	TEX C.D.	A	DISEASE OR CONDITION CAUSING IT.	0	[20 A	1 000	
121005 FUNERAL	by a me by a me 2) Body by re the phy physician fore the re	RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FILL IN CERTIFYING CAUS	SES OF DEATH?
32	To Year	CERT			NO		
10 1			OR CONTRIBUTION CAUCE OF	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WHERE DID	(II in Boltimore	City, give exact location)
	The Hall	O A	DEATH (notily medical examiner) etc.)				
	10 0 = > 10	0		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	hosp natu cept d (6)	2	(APPROX.) Whil	e At Not While			
			Work		AM		17.42
:			22. I certify that (1) (this hospital) attended th	e deceased from	Jugui!	966 to AV	9 11 6 6
B	0 0 0 0		that (1) (we) lost sow the deceosed alive an	1 Aug	11 19 66 and the	at in (my) <del>(our)</del> -apini	on death accurred on the date
3	0 D 0 D 4 4 D		and haur and fram the causes stated above. (1)	(Wa) (did) (did not) w			
)	sased to dent of lospital death) must be		23A. SIGNATURE				23B. DATE SIGNED
16	7 6 0 = =		< 17	M.D. Atte	nding Med.		
den	a h		J. ' I shh		Director	Phys.	ang 11/66
B	ov = a		23C. PHYSICIAN'S NAME (Type)	2	23D. ADDRESS		0/
13	y was rely y was rel 1) An acci 3.A. at a l d prior to	-	S. MISAKIN	M.D.	SHE C	JOHNS HOPK	INS HOSPITAL
0	A P B	24/	A. BURIAL CREMATION, 248, DATE 24C, NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	. town, or county) (State)
	body was ws: (1) An D.O.A. a eased pric	P	REMOVAL (Specily) Surial 8/13/66 G	oshen Cemeter	y	cation (City, hen works) Md.	
	S w S w		ora areas				ADDRESS
	This certiful the body shows: (1) was D.O. deceased written a	1234	A. DATE HELD BY HEALTH DEPT. 25B. NAME O	For Charge	25Schriffingkerfor 3331 Brehms (	neral Home, I	Inc.
	-+ v > 0 >				The Brenms	ane #13	
		VS	150-REV. 1/1/65				



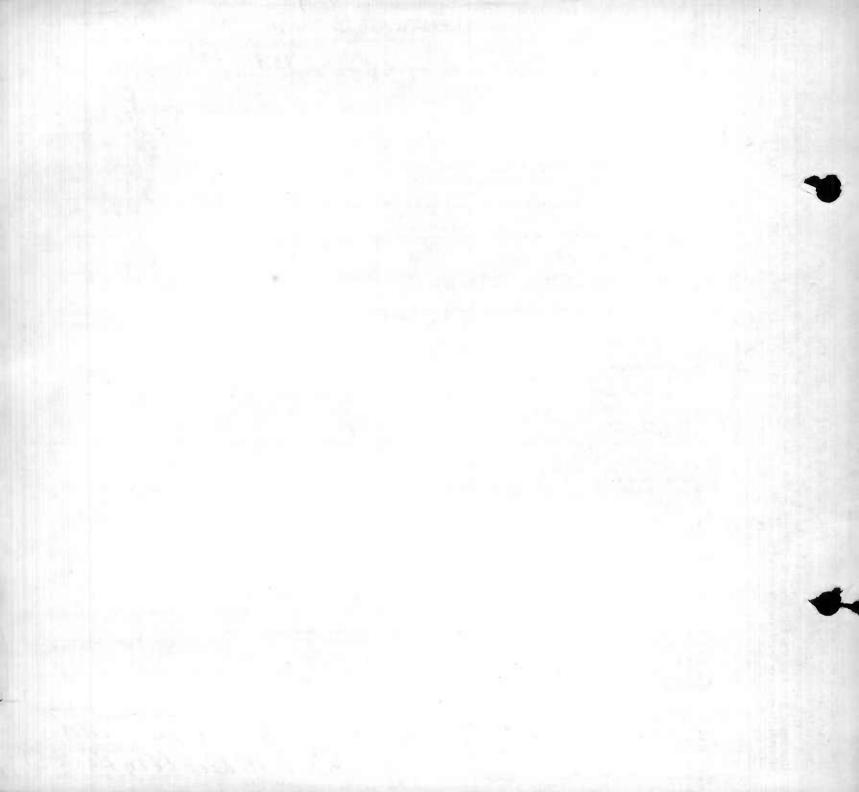
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MEDICAL EYAMINED'S CEDTIFICATE OF DEATH Region

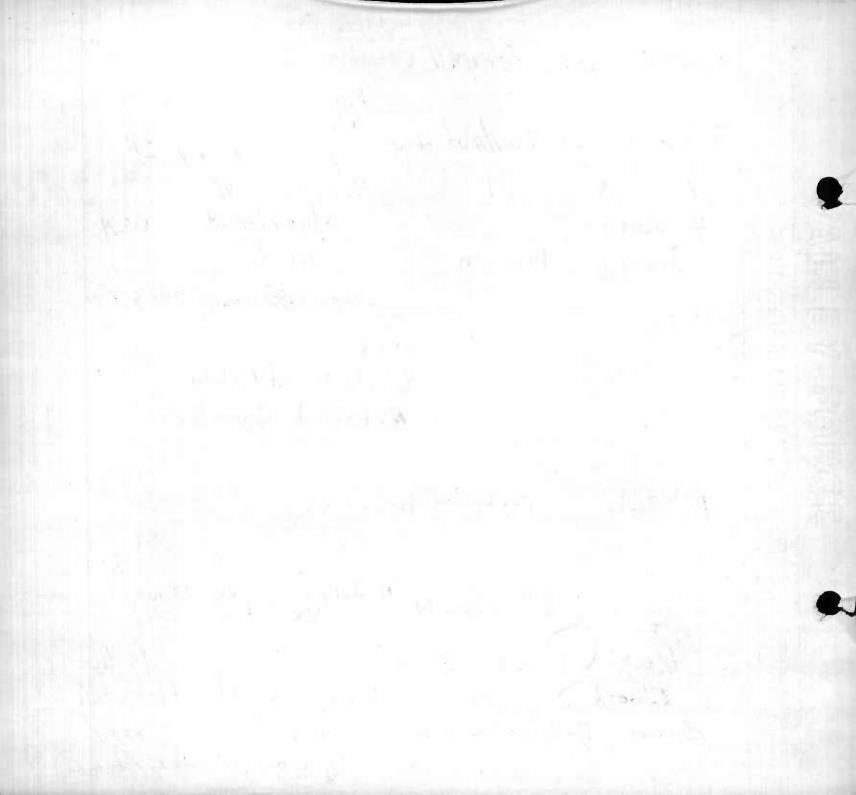
	TH NO.	MEDI	CALEX	AMINER 3 CI	KIIFICATI	E OF D	EAIL Kegiste	red No	
-	E CASE NO.	CEASED		t all the same of	2	DATE AND	HOUR PRONOUNC	ED DEAD	
(Ту	pe or Print)	MARGARET	r	SCOTT	270		12, 1966		9:05 A M
3. 1	PLACE IN BALT	TIMORE, MARYLAND, W			4. USUAL RESIDEN			itution: resid	ence before odmission
FILE	LL NAME OF	(IF NOT IN HOSPITA	LI OP INSTITU	TION CIVE STREET	Mary	land			36-
HO	SPITAL OR	ADDRESS OR LOCA	TION)	mon, or to state!			carparate limits, write	RURAL on	d give township)
	0 - 41	D-14: 0	7 77	1		imore		5	- 5
5.	South	Baltimore Ger	neral Ho	spital	D. STREET ADDRES	SEELMA	XXXXXX Sp	ellma	an Rd
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)		1 Yr. If Under 24 Hrs Doys : Hours , Min.
	Female	Negro		, v u ii u u i i i i i i i i i i i i i i	10/18/2	22	43		
		UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY				12. CITIZE	N OF
	HOU	Isewile	-3115		North Ca		l.	0.	SOUNTRY?
13,	FATHER'S NAM				Florence		**		
15.		le Caldwel		16. SO CIAL	17. INFORMANT	e DTal	70	ADDRESS	
		(If yes, give war or date		SECURITY NO.					
	Tra					Scott	3472 Spe		
	1B. 7	15 7 X		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
1	DISEA	SE OR CONDITION DI							
	(This days	LEADING TO DEATH		(A) Anox	Ĺа		IFFFAnaga		• • • • • • • • • • • • • • • • • • • •
	heart foilure	not mean the made of , asthenia, etc. It means mplication which caused i	the disease,	DUE TO					
		OR CONDITIONS, IF A			sthesia for	r Hystei	cectomy.		*********
	RISE TO TH	E ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE	DUE TO					
Z	ONDEREN	TO CONDITION CASI.		(C)		***************************************			************
은		11		A LANGE AND A					
CERTIFICATION		NIFICANT CONDITIONS DEATH BUT NOT REL			ve Cardiova	ascular	Disease at	nd Ane	mia.
ZTIF		R CONDITION CAUSING	1T.						
CE	IVA. DATE OF	WAS PERI		WHICH OPERATION	Yes		B. IF YES, WERE FILL CERTIFYING CAU		
7	21 A. EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g., i form, foctory, street, o		IERE DID (IF	in Boltimoro City, gi	ve exact la	
MEDIC		OR CONTRIB-	home,				more Gener		
ME	21 D TIME	(Month) (Day) (Year	) (Hour) 2	Hospital					
	OF INJURY	8 10 '66		WHILE AT NOT AT W	WHILE TO 1	iac arre terector	est occurr my.	ing du	ring pan-
	22.	tify that I held an li			apsy X and t	that on this	basis, death in m	ny opinian	T S FILL
	resul	ited fram: Natural car	ses A	ccjdent Sulcide	Hamicide	Un Un	determined mann	er 🗌	
		01		11_	CHIEF ME	DICAL EXA	MINER _		DATE SICHED
	SIGNAT		ules 5	Telly M.D.	ASSISTANT ME				DATE SIGNED
	EXAMIN NAME (	IER'S	S. Pett		ASSOCIATE ME			3	3/12/66
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO		, town, or c	county) (State)
KE/	Burial	8/16	/66	Baltimore N	ational	Bal	timore,	aryla	and
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR		A	DDRESS
	AU	G TO THE A	0. 88	Stor Gomes	Charle	AS A.	Rice 661	W. B	arre St.
1/5	151-PEV 1/1/	/LE			Onali	~, N . T. 3	TITOO OOT	10.0	-220 000



66 08275	BALTIMORE CIT	HEALTH DEPARTMENT		00 00000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	66 08275
M.E. CASE NO.  1. NAME OF DECEASED  (Type of Point)  Son a Sam ES			ug 66	1130 AM M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		I A. STATE B. COUNT	Υ.	tilution: residence before admission)
FULL NAME OF (If not in hospital or institution, grv HOSPITAL OR oddress or location)	ve street			URAL and give township)
UNIVERSITY HOSP		D. STREET ADDRESS (If re	urol, give location)	11-01
		765 W.	Pratt &	st.
	DIVORCED (specify)	12-1-12	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give Kind of work 108, KIND OF Blone during most of working life, even if relired)	Riogiques Co	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME Weldon Wilson	11 )	14. MOTHERS MAIDEN NAM	Herson	1
5. Was Deceased Ever in U. S. Armed Forces?  [1] Tes, no or unknown  (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO. 226-12-17	17. INFORMANT	Ed cha	ADDRESS
18.	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a fesoph		3/66-to-8/60
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. ft means the disease, injury or camplication which caused death.)	DUE TO	The state of the s		
ANTECEDENT CAUSES	(B)	**************************************	***************************************	**************************************
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	~~~~	목하 및 등 등 등 등 등 수 하는 및 수 등 등 수 하는 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FOR WH	HICH OPERATION	20 A. AUTOPSY? (Yes or No!	208. IF YES, WERE FI	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PI	LACE OF INJURY (e.g.,	n or obout 2VC. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
	At Not Whi		RY OCCUR?	E 1919
22. I certify that (I) (this hospital) ottended the	deceosed from	March 1	66 10 /	19.66
that (I) (we) last saw the deceased alive an	12/tug	19 6 6 ond tho	t in (my) (our) opln	fon death occurred on the date
ond hour and from the couses stated above. (1)	(We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE		ending Med.	toff P	13 Aug
23C. PHYSICIAN'S NAME (TYPO) STANLEY MUSI	Phy C M.D.	23D. ADDRESS	Phys. D	1211
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE OF CEMETERY OF CR	MATORY 24D. LO	CATION (City	, town, ex-countyl Stotel
Burnal 8/16/66 M	T and	une B	altemor	e Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	026	LIN BONIO SF

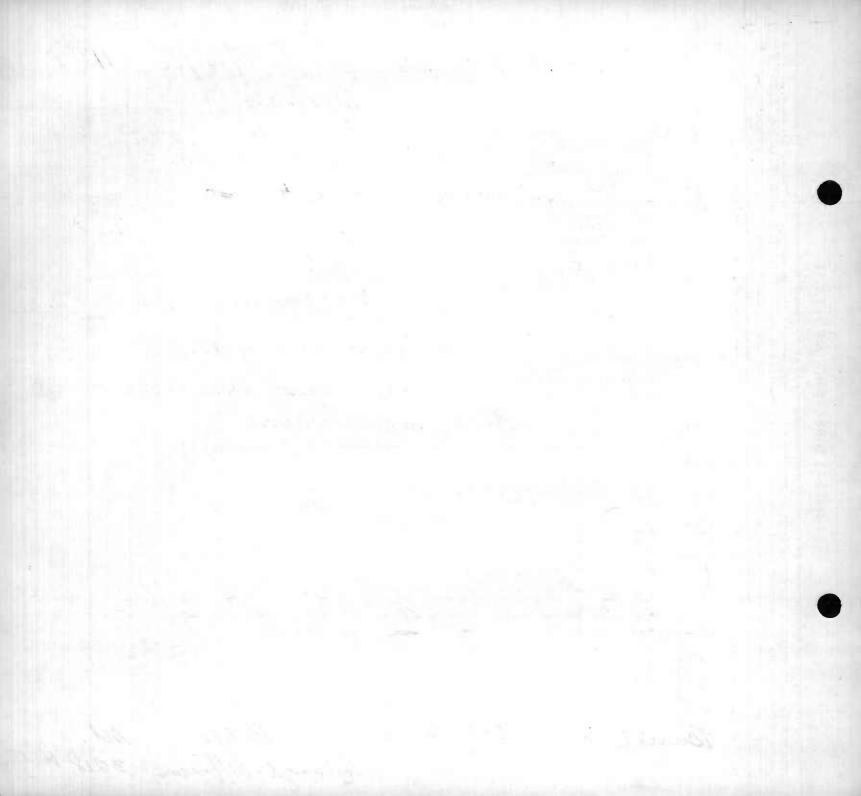


BIRTH NO. 66 US276		TE OF DEATH	Registered Na	66 08276
I. NAME OF DECEASED Abeth Fen	W & // ( Fe:	nnell) /3/40	DHOUR OF DEATH	340 Am.
FULL NAME OF HOSPITAL OR oddross or locotion)  WINTEREST TO THE STATE OF HOSPITAL OR ODDROSS OF LOCOTION	and Hosp	C. CHY OR TOWN (IF OUT	TY  HIMOT P  sido city limits, write RU  2  rurol, givo locotion)	RAL and give township)
WIDOWED,	NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY	9/28/24 11. BIRTHPLAGE (Stolo or forbi	lost highdoy?	If Under 1 Yı, If Undoi 24 His. Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  HOUSEWIFE  13. FATHERS NAME  SAME  SAME  15. WAS DAVID FOR IN IN SAME		14. MOTHER'S MAIDEN NAM		02/4
15. Was Doceased Ever in U. S. Armed Forces? (Yos, no of unknown) (If yos, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Thomaster	mell 741	and Kenny At
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO		Tslulae	INTERVAL BETWEEN ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  2 3 JULY 6 0  21A. ACCIDENT WAS UNDERLYING  21B.	place of Injury 10.9., i	20A. AUTOPSY? (Yes of No	IN CERTIFYING CAUS	HOINGS CONSIDERED ES OF DEATH?  City, givo exoct locotion)
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E.  OF INJURY (APPROX.)  While Work	e At Not While At Work	21F. HOW DID INJ	URY OCCUR?	A.C.
22. I certify that (1) (this hospital) attended the thot (1) (we) lost saw the deceased clive on	- 11		19 66 ta 13 Au at in(my) (our) apini	on death accurred on the date
ond how and from the duses stoted obove. (1)  734/510MATURE  23C.PHYSICIAN'S NAME (Type)  TOWN O	(We) (did) (did not) v	riew the body ofter deoth.		13 Aug 66
5 Burnel 8/17/66 Ce	aver Me	m, Park La	ocation (City,	town, or county) (State)
25A. DATE RECTIFIC HEAVIN DEPT. 25B. NAME OF	REGISTRAR TOURS	25C. EUNEVAL DIRECTOR	Ja Rice	661WBarre

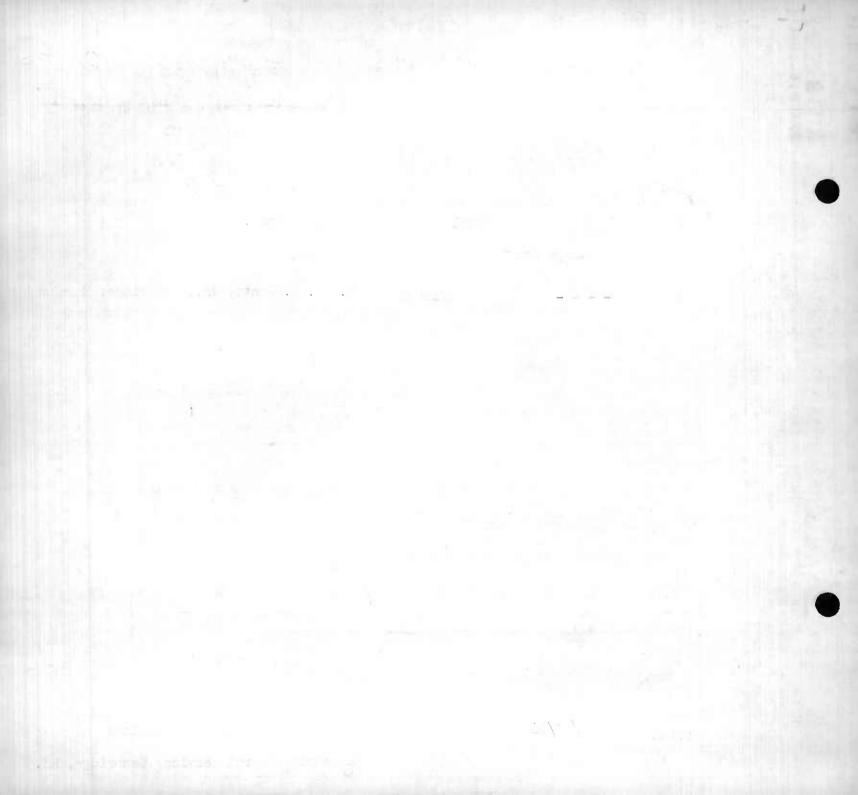


M.E. CASE NO.							
1. NAME OF DEC		A .			2. DATE AND HOU	PRONOUNCED DE	AD
	gina //	1. H	ooke		8-12-66	2:30 pm	M.
3. PLACE IN BALT	TIMORE, MARYLAND,			A. STATE	ENCE(Where decoase	d lived. If institution: B. COUNTY	residence before odmission)
FULL NAME OF	ADDRESS OR LOC	ITAL OR INSTITU CATION)	TION, GIVE STREET		VN (If autside carpare	ite limits, write RURA	L and give tawnship)
NOITUTITZ				T	Baltimore	9-1	
f West on A	formand of Hoo	Father			RESS (If rural, give lea	cation)	
union r	Memorial Hos	breat		616 Wy	moak Ave.		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years If U birthday) Man	ndar 1 Yr. If Under 24 Hrs.
प्र	W	Sina	DIVORCED (specify)	Feb. 18,		3 332	ths Days Hours Min.
IOA. USUAL OCCU	JPATION (Give kind of w		BUSINESS OR INDUSTI			12. 0	TIZEN OF
11	varking lile, even if retired	11		Manuel	and	y	VHAT COUNTRY?
13. FATHER'S NAM	Reeper	Hon	1e	Mary L	AIDEN NAME		1. J. A.
Michael	0-1-1 11-	4-		Jannia.	E M-C1		
	DEVER IN U.S. ARM	ED FORCES?	16, SOCIAL	17.9NFORMANT	E.McClenah	an.	RESS
Yes, na ar unknawn	(If yes, give was ar de	ates of sarvice)	SECURITY NO.				1111 101
no			unknown		rgaret 1100.	Re 5400 U	ld York Rdo
18.	01,9		CAUS	E OF DEATH			ONSET AND DEATH
DISEAS	SE OR CONDITION						FO 1
(This does n	LEADING TO DEAT	of dvina e.a.	(A) Ce:	rebrocrania	at injury		50 hours
heart failure,	asthenia, atc. It mea mplication which cause	ns the disease,					
	OR CONDITIONS, IF		(B)				
RISE TO TH	E ABOVE CAUSE (A)	STATING THE	005 10				
	TO CONDITION CAS	••	(C)				
2	II II						
	NIFICANT CONDITION DEATH BUT NOT I						
DISEASE OF	R CONDITION CAUSI						
19A. DATE OF	WAS P	ERFORMED	WHICH OPERATION		? (Yes at Na) 20B, IF IN CER	TIFYING CAUSES OF	DEATH?
NO	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	Yes			
UNDERLYING 4	OR CONTRIB-	hame,	, fam, factory, street,	office bldg., INJURY	OCCUR?	mindia City, giva exa	er racanan/
A CYO	SE OF DEATH.		Home		24 E. Forty		Baltimore
OF INJURY	(Manth) (Day) (Ye		IE. INJURY OCCURRED		OW DID INJURY OCC	CUR?	
(APPROX.)	8-10-66	12:15pm. V	VHILE AT NOT	WHILE FO	ell off lad	der	7-10
22.	tify that I held an	Inquiry _	Inspection A	utopsy X one	that on this basis	s. death in my ani	nlon
	ted fram: Notural c		ccident X Sulci			mined manner	
16301	O A	doses	Solci				
ACTUAL	La Charl	2.1			EDICAL EXAMINE		DATE SIGNED
SIGNAT	UKE		M.I		EDICAL EXAMINE		8-13-66
EXAMIN	(ER'S Type) Charles	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL EXAMINE	ER	0-1)-00
23A. BURIAL CRE	MATION, 23B, DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATIO	N (City, town,	ar county) (State)
REMOVAL (Specify		100					
DURIL	BY HEALTH DEPT.	66 / 24B, NAME	Vew athedra	l emeter	Balt DIRECTOR	imore Ma	ADDRESS
		1.0					
Al	UG 15 1966	Plant !	E, Farling Ma	John	A. Moran,	nc. 3000 8	Balto St.
VS 151-REV. 1/1/				8 7	0-0		

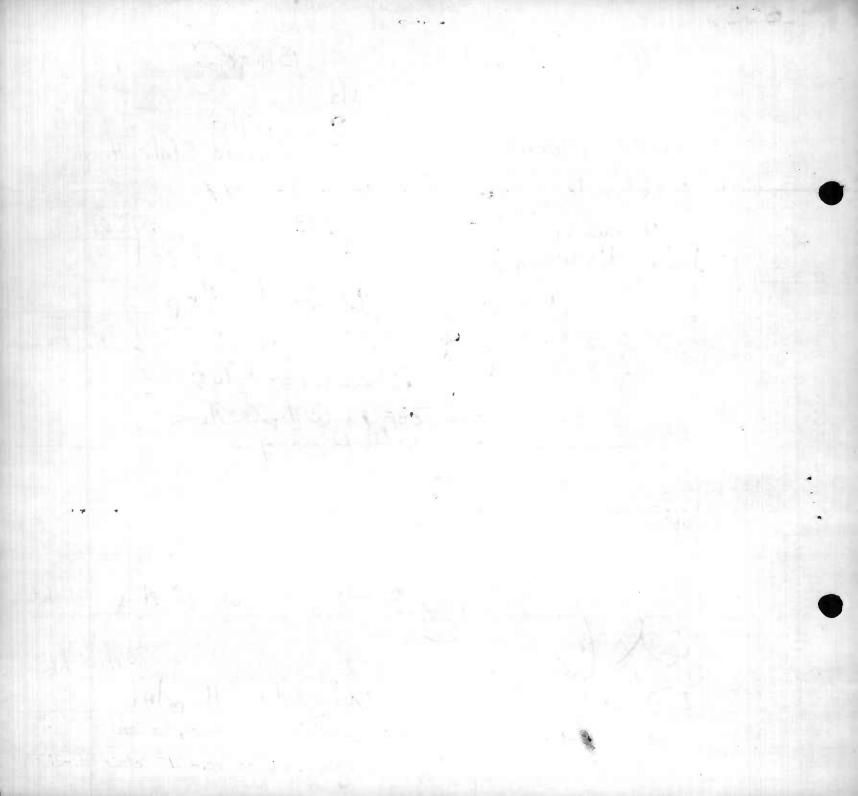
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00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		CC DEOMO
BIRTH NO. 66 08279 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No	00 08279
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BAUTIMORE MARYLAND	y M.D	. Hu	D HOUR OF BEATH	12 30
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location) INSTITUTION		a. state B. coun	dge Moside glty limits, write R	aryland
3 Johns Hopkins He	spital	D. STREET ADDRESS (IF	ryral, give locoffon)	3 7-13
	OWER (specify)		9. AGE (In years last-birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
done during most of working lite, even if retired)  Medic		Bedford, Penna		WHAT COUNTRY?
13. FATHERS NAME George Hanks	3	4. MOTHERS MAIDEN NAM Unknown	ΛE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service)	security No. Unknown	7. INFORMANT Mr. Wm. H. Han	ks, Jr., Cam	ADDRESS abridge, Marylan
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heort foilure, osthenio, etc. It meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES	(A) DUE TO	romana (	Pourmon Shock 2	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	0 H.		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF CEC.)	ACE OF INJURY (e.g., in form, factory, street, offi	or obout 2 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Soltimore	City, give exect location)
OF INJURY (APPROX.)    Optimizer	At Not While	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended the that #7 (we) lost sow the deceased alive on	aug 11	19 66 and th	9 66 to apir	19 6
ond hour ond from the couses stoted obove. (I) (1)  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)	welcom.D. Atten		Stoff Phys.	23B. DATE SIGNED 8-11-6
Burial 8/13/66 Chris	t Church Cem	etery C	ambridge, Ma	The state of the s
AUG 15 1966 P. S. B. S.		LeCompte Fune	mal Canada	ADDRESS



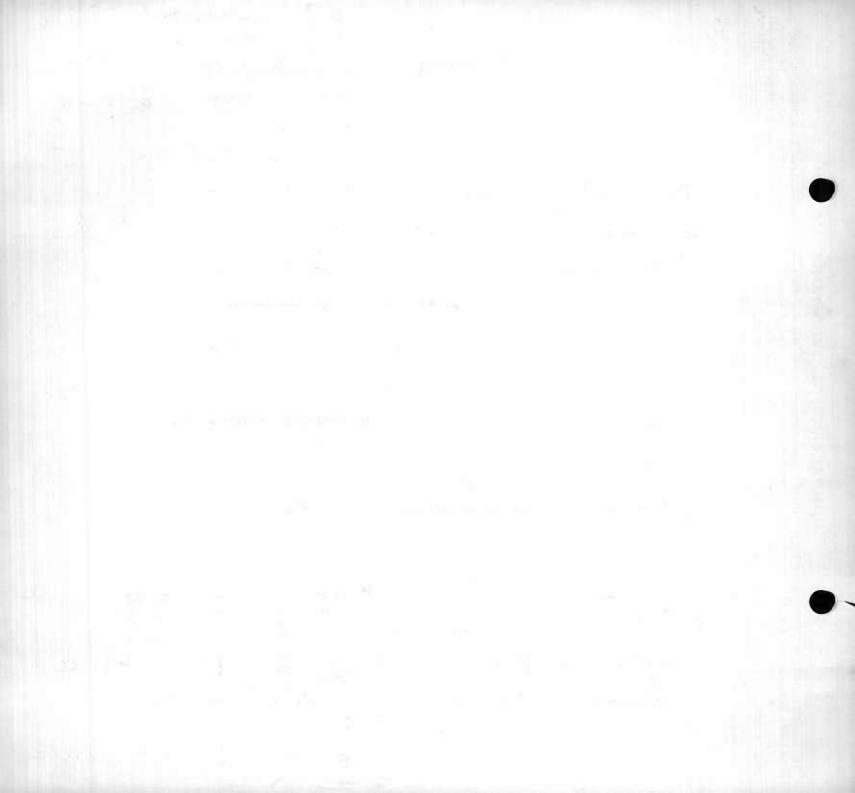
2	BALTIMORE CITY	HEALTH DEPARTMENT	
1	MRTH NO. 66 08280 CERTIFICA	TE OF DEATH Registered No. —	66 08280
	(Type or Print) HACKIS MAMIE	2. DATE AND HOUR OF DEATH	1/05 P.
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	A. STATE  B. COUNTY	tion: residence before odmission)
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR.	AL and give fownship)
0	University of MARYLAND Hospital	D. STREET ADDRESS IT wol, give location of the	e Hosp
	temale white widowed, divorced (specify)	11-29-94 ost birthdow	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	dane during most of frorking life, even if retired)	Md	2. CITIZEN OF WHAT COUNTRY?
	John Kineman	HUNIR ECKER	†
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  UN  16. SOCIAL SECURITY NO.	University Hosp	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DEATH  SEPTICEMIA	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	WOUND JAFFETION	c22
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	FRACTURE, OF RIGHT FEMUR	
	UNDERLYING CONDITION lost,	Bleed	< 22
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LAS	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINE IN CERTIFYING CAUSE	
	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21 8. PLACE OF MJURY (e.g., in home, form, fagory, street, offi	or obout 21 C. WHERE DID (II in Boltimore Circice bldg., INJURY OCCUR?	ty, give exoct locotion)
No.	OF INJURY (APPROX.)  OF INJURY (APPROX.)	214. HOW DID INJURY OCCUR?	non profe
	22. I certify that (I) (this hospital) attended the deceased from	Sub 19 60 10 10 0	1 1966
	and hour and from the dauses stated above. (I) (Wet (did) did not) vi		
		Med. Stoff Director Phys.	10 A UP 66
	Eo. 1) c LAYNE	University Hospite	10
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM REMOVAL (Specify)  Burial 8-13-66 Grave Methodis:	4,77	own, or county) (State) pland
	25A. DATE REC'D BY HEALT PEPT. 25B. NAME OF REGISTRAR	John C. Miller Inc6415 L	
1	AUG 1 5 1966 (R.C., L. & Statle, M.A.	1 0 0	



IMPORTANT

DIRECTOR:

FUNERAL

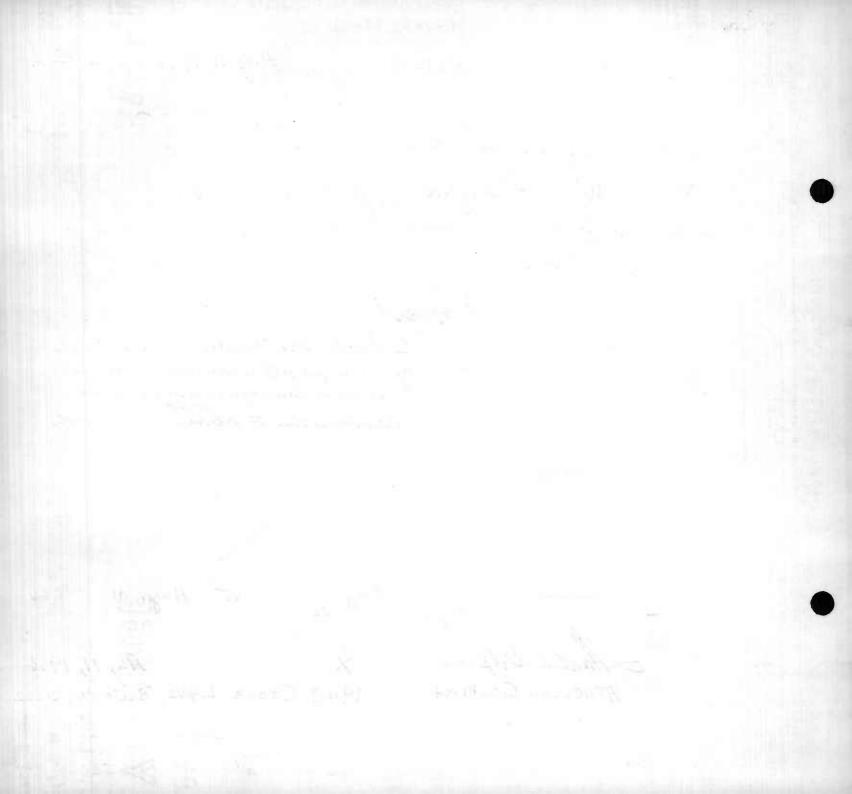


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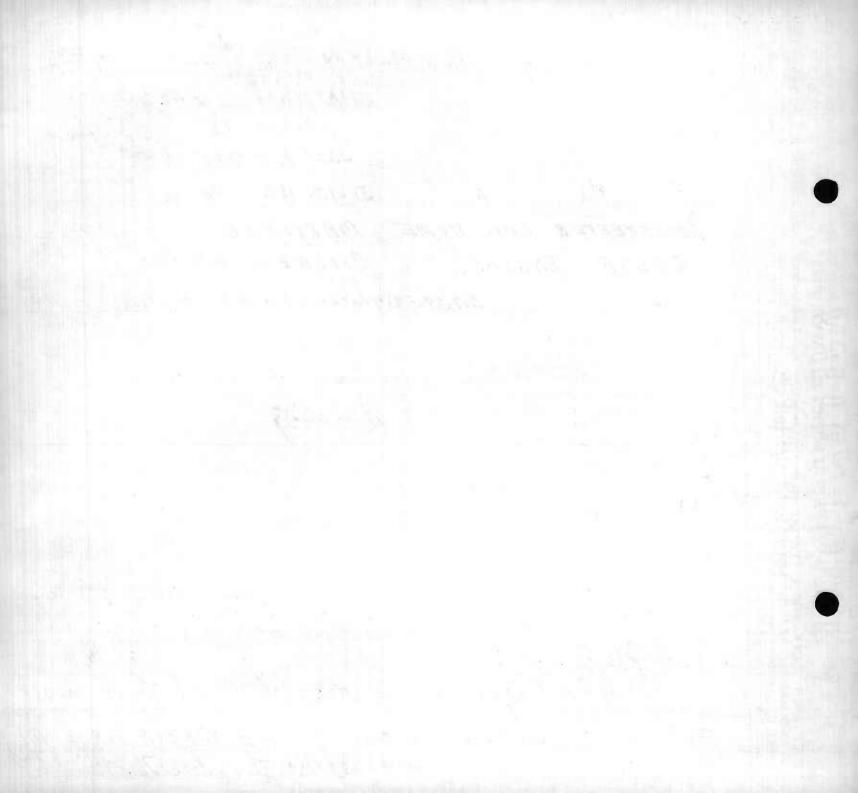
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



00 00000	BALTIMORE CITY	HEALIH DEPAKIMENI		66 08283
BIRTH NO. 66 08283	CERTIFICA	TE OF DEATH	Registered No.	00 00~00
1. NAME OF DECEASED		2. DATE	ND HOUR OF DEATH	
17 PLACE OF DEATH IN BALTIMORE, MARYLAND	NECKIS	8/	13/66	5:45 PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	nere deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institu	rtion, give street	MARYLAND		21-58
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (IF		
WAIVERSITY HOSPIT	TAL	D. STREET ADDRESS	eridene	DR
BALTO. Md.		13 AGTIA		
	RRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. , If Under 24 Hrs.
5 WID	OWED, DIVORCED (specify)	10/20/92	9. AGE (In years lost birthday)	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)  HONE TRICOR	LoTHING	LITHUA	NIA	WHAT COUNTRY!
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
ANTHONY KUPI	^/			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or dates of ser	218-18-5337	MRS MARY W	DellANTE-1	301 Meridene PR
18. 5-211 X I	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		GESTILE HEAD		
(This does not mean the mode of dying,	(A) for (	NO CIRCUL	BRY EDEMA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
heart foilure, osthenio, etc. It meons the dis	eose,	ono circui	A TURY CUL	nnse
injury or camplication which coused deeth.)  ANTECEDENT CAUSES	(B) T C	XEMIA.		
DISEASES OR CONDITIONS, if any, g				6-
rise to the above cause (A) stoting	the (C) LU	NO ABSLESS ELUBITUS	+ SACRAL	
UNDERLYING CONDITION lost.	6	EEUBLTUS	ULCER	
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		or, grounds recording
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX)	While At Not While	e		
	Work At Work	81.1		
22. I certify that (1) (this hospital) attend		3/20/	19 .66ta	8/13/1966
that (I) (we) lost sow the deceased alive				inion death accurred on the dat
and hour ond from the couses stoted abo	ve. (1) (We) (did) (dld not) v	iew the body after death	•	
23A. SIGNATURE	M.D. Alle	ending Med.	Stoff D Hous	23B. DATE SIGNED
John I low	Phy:	s. Director	Phys. OFFIC	ER 4/13/66
23C. PHYTCIAN'S NAME (Type) John P.D.	REOR M.D.	CAFON Ell	1/ Kens A	ex Bolls
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVAL (Specify)	New CATHEDRA	1 Cem	BANTO	md
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF RECHTRAN	25C. FUNERAL DIRECTO	DRY 1	ADDRESS
AUG 18 1966 R.C.	DE Jayrey	KASMAN X	RENDYIN	c Bell My
VS 150-REV. 1/1/65		10-2,119//	1	



BIRT	IH NO.						
M.E	L CASE NO.	PACED			ATE OF DE		
(Typ	De or Print)	Mr West	ley L.	Peacock	2	Clug . 14	
3. P	PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDE		I institution: residence before adm
F	FULL NAME C	F (II not in hospital	or institution, a	ive street	mo		2/2/2
H	HOSPITAL OR	oddress or location	on)			N (II outside city limits write	te RURAL and give township)
	,//	Son Secou	15 1/0	p.		Himore  Ess U rurol, give location)	1-36
5	-/	Baltimore	md		D. STREET ADDRE	Ramblewood	1 Rd
5. S	Male	6. RACE White		NEVER MARRIED, DIVORCED (specily)	B. DATE OF BIRTH		II Under 1 Yr. If Under Months Doys Hours
		UPATION (Give kind of wor		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (S	itate or foreign country)	12. CITIZEN OF
		Working life, even if retired) Netal Worke			North	h Carolina	WHAT COUNTRY?
	FATHER'S NA	ME			14. MOTHER'S MA		CAST
		Wesley	L. Peac	cock		Annie L	Drew
15. \	Wos Deceased	Ever in U. S. Armed Fo	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1165	No or unknown	yes, give wor or dot	es or service!	213-09-177	Mrs D	elta Peacock	(Sama)
	18. 4 17	0.11		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION DI		-	m 1	175 x	ONSET AND DEA
	(This door	LEADING TO DEATH		(A)	1190 cardi	I Linjarcijon	pereral hour
		not mean the made at	aying, e.g.,	DOE 10			
		asthenia, etc. II means				11/	`
	injury or can	nplication which cause	d death.)	(B) C	eronarg	Atherosserus	15 2-3725.
	injury or can		d death.) S	DUE TO	Terosary	Atheroscheras	onset and deal peres of hour.  15 2-3725.
	DISEASES (	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A)	d death.) S any, giving	(B) DUE TO	eronary	Atherossferas	1-3725.
	DISEASES (	ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S any, giving		eronary	Atherosoleras	1-3725.
NOI	DISEASES (rise to the UNDERLYIN)	nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if e abave cause (A) G CONDITION lost.	d death.) S any, giving stating the	(C)	7		
CATION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSE:  OR CONDITIONS, if e above cause (A) G CONDITION last.  II  IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	d death.)  S  any, giving stating the CONTRIBUTING ATED TO THE	Chrone /	Exorchits .	- Empky sem	a
TIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	d death.)  S  any, giving stating the CONTRIBUTING ATED TO THE	(C)	7	Lingsky som	
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MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IFICANT CONDITIONS (CONDITIONS OF CONDITION CAUSING CAUSE OF medical examiner)	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WARFORMED  218. hometc.)  (Hour) 21E. Whit Work	Chrone / Chr	in or obout 21 C. WH office bldg., INJURY of	ERE DID CCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYIN' OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME 21 D. TIME 22 D. TIME 22 D. TIME 24 D. TIME 25 D. TIME (APPROX.)	ANTECEDENT CAUSE:  OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS (CONDITIONS CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING (Month) (Doy) (Year)  that (1) (this hospital last saw the decease	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whit World at the ded a live an	PLACE OF INJURY (e.g., lorm, loctory, street, Not Which all Work and when the deceased from the control of the	20 A. AUTOPSY?  in or obout 21 C. WHI office bldg., INJURY 6	ERE DID (II in Bolting OCCUR?  N DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21 Certify that (I) (we) and haur an	ANTECEDENT CAUSE:  OR CONDITIONS, if e obove cause (A) G CONDITION lost.  II IFICANT CONDITIONS E OPERATION 198. COPERATION 198. COPERATION 198. COPERATION (Month) (Doy) (Year)  That (1) (this hospital lost saw the deceased from the causes started and the cause started and the cau	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whit World at the ded a live an	PLACE OF INJURY (e.g., lorm, loctory, street,  INJURY OCCURRED  e A1 Not Wh A1 World  A2 World  (Wa) (did) (did)	in or obout 21 C. WHI office bldg., INJURY of the bady aft	(Yes or No) 208, IF YES, WEI IN CERTIFYING (III in Boltin DCCUR?  N DID INJURY OCCUR?  19 5 to	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There can be a considered and the considered and
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYIN' OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur an 23A. SIGNATE OR NAME (I)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IFICANT CONDITIONS (CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING COPERATION 198. COPERATION (Month) (Doy) (Year)  that (1) (this hospital causes stated to the causes stated cause	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whit World at the ded a live an	PLACE OF INJURY (e.g., lorm, loctory, street,  INJURY OCCURRED  e A1 Not Wh A1 World  A2 World  (Wa) (did) (did)	in or obout 21 C. WHI office bldg., INJURY of the bldg. Injury of	ERE DID (II in Boltin Doccur?  N DID INJURY OCCUR?  19 10 10 10 10 10 10 10 10 10 10 10 10 10	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There can be a considered and the considered and
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WEDICAL CERTIFIC	DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION TO THE DISEASE OR CONTRIBUTION TO THE DEATH (notify 1APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and and haur and the contribution to the	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION lost.  IFICANT CONDITIONS (FILE CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING (Month) (Doy) (Year)  IFICANT CONDITION (Year)  IFICANT CONDITIONS (FILE CONDITION CAUSING (FILE CONDITION CAUSING (MAS PEI) (Month) (Doy) (Year)  I that (I) (this hospital causes stated (File Condition (Month) (Doy) (Year)  I that (I) (this hospital causes stated (File Condition (Month) (Doy) (Year)  I that (I) (this hospital causes stated (File Condition (Month) (Doy) (Year)  I that (I) (this hospital causes stated (File Condition (Month) (Doy) (Year)  I that (I) (this hospital causes stated (File Condition (Month) (Doy) (Year)  I that (I) (this hospital (Month) (Month) (Doy) (Year)	any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WARFORMED  21B., hometc.)  (Hour) 21E. Whill world attended the dalive an	PLACE OF INJURY (e.g., lorm, loctory, street, Not What AI Word AI Word (did) (did) (did) (M.D. AI Ph. M.D. AI Ph. M.D. AI Word (did)	in or obout 21 C. WHI office bldg., INJURY 6  21F. HOVE 19 C. WHI	ERE DID CERTIFYING (II in Bolting DCCUR?  NO DID INJURY OCCUR?  19 5 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There are a second secon

16 to Sections of Laterated Capacita Commy Attended to 15 Theory ( Similar + To replace or RESTER A WALL SR. 1039 ANGAL AN SILON

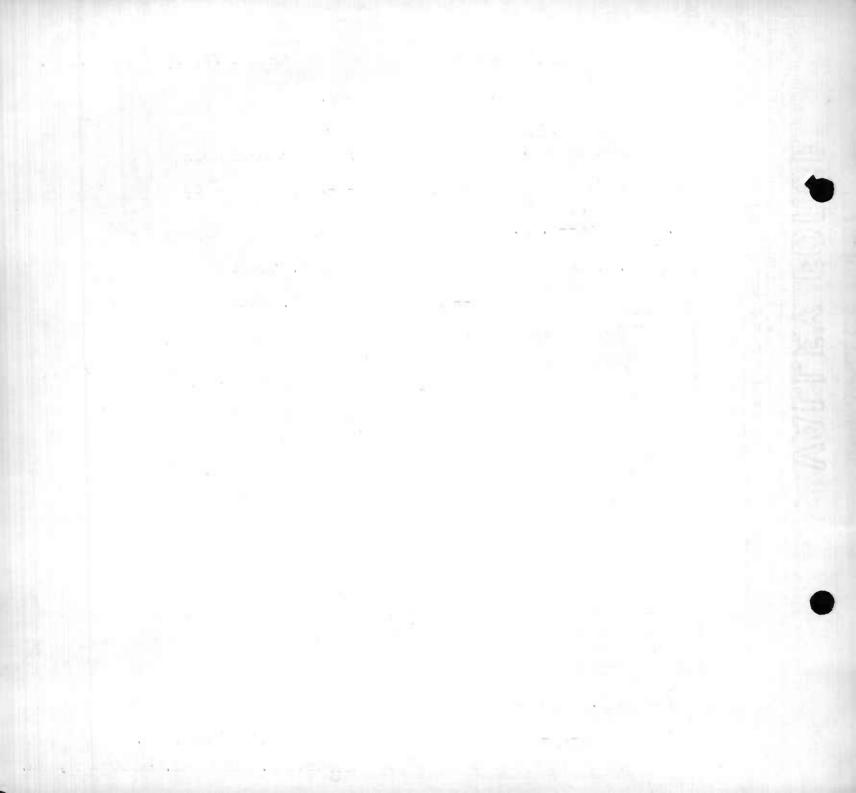
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regist

BALTIMORE CITY HE	EALTH DEPARTMENT
BIRTHOG U8286 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED  (Type of Print)  ADRIAN L. PRICE	August 13, 1966 3:60 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
WATE CATE WENDED	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
9/13/6	Baltimore #34
South Baltimore Hospital	D. STREET ADDRESS (III and Street Circle
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs.
Male White Married (specify)	March 18, 1905.   lost birthdoyl 61   Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUS done during most of working life, even if refired)  Residence  Residence  Beth. Steel (0.	Roch Hall Md WHAT, COUNTRY?
Engineer Deut. Skeek Co.	14. MOTHER'S MAIDEN NAME
Thomas W. Price	Mary A. Ashley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, po, or unknown), (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No 213038202	Mr. India P. Drias Cana
	Mrs. Lydia R. Price Same
7-40,01	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriosclerotic heart disease
(This does not mean the mode of dying, e.g., heart foilure, ostherito, etc. It means the disease.	erroscierotic heart disease
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NC	OT WHILE WORK
22. I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suic	cide Hamlcide Undetermined manner
SIGNATURE Charle S. Spint M	CHIEF MEDICAL EXAMINER DATE SIGNED  DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER August 14, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER REMOVAL (Specify)	
Burial 8/17/1966 Garden of	Faith Baltimore, Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 16 1966 10.0. & 8 For Death	10 Loonard & Ruch Inc. Balto. Md. 2121

VS 151-REV. 1/1/65

Letter dated 9/12/66 from Sr.Springate, Asst.M.E.

3.	PLACE OF DEATH IN BALTIMORE, MARY		Augus.  4. USUAL RESIDENCE (Where da. STATE B. COUNTY Md.	deceosed lived. If instit	lution: residence before o	• M
90	FULL NAME OF Oddress or locotion) INSTITUTION  Pine Ridge Nursin 4703 Hampnett Ave	institution, give street	C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If ruro	l. give location)	RAL and give township)	
5.	SEX   6. RACE   7.	. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVEL MOVILE O	1502 Pentwood  B. DATE OF BIRTH  3-8-1882		If Under 1 Yr. If Under Aonths Doys Hours	er 24 Hrs. Min.
ition	A. USUAL OCCUPATION (Give kind of work) (one during most of working life, even if retired)  Ret. Employee - U.	ob. KIND OF BUSINESS OR INDUSTRY S. Government	Maryland	country)	12. CITIZEN OF WHAT COUNTRY?	
0 15	Luther E. Harn  Wos Deceosed Ever in U. S. Armed Force		14. MOTHER'S MAIDEN NAME  Ida O. Lease 17. INFORMANT	2	ADDRESS	
(Y	es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO. 220445622  CAUSE 0	Horace W. Har	n	Same INTERVAL BETW	
almed or	DISEASE OR CONDITION DIRECTION OF LEADING TO DEATH  (This does not mean the made of dheart failure, asthenia, etc. It means the	lying, e.g., (A) (MA)	rteusive Cordio	Vasouler	20 yr	EATH S
is are embal	injury or complication which coused d  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if an rise to the obave couse (A) s UNDERLYING CONDITION last.	(8) DUE TO	a Circloral 1	Keneorrhoge lus:	10 year	rs.
MOITACI	19A. DATE OF OPERATION 198, CONDI	ITION FOR WHICH OPERATION	lours - 48 hys	LA bullton	2 3 Marco	iths
AI CEPTICI	WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	F	N CERTIFYING CAUS	ity, give exoct locotion)	
AAEDIC	21D. TIME (Month) (Doy) (Yeot) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY	Y OCCUR?		
	22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and from the causes stated	5 Aug	10 66			the date
	23A. SIGNATURE S Br	M.D. Att.	ending Med. Sto	ff	12 Aug 1	1966
	NAME (Type)	M.D.	5217 A	erford	town, or county)	millo
approval must be	23C.PHYSICIAN'S NAME (Type)			wrford	Road 1:	3n

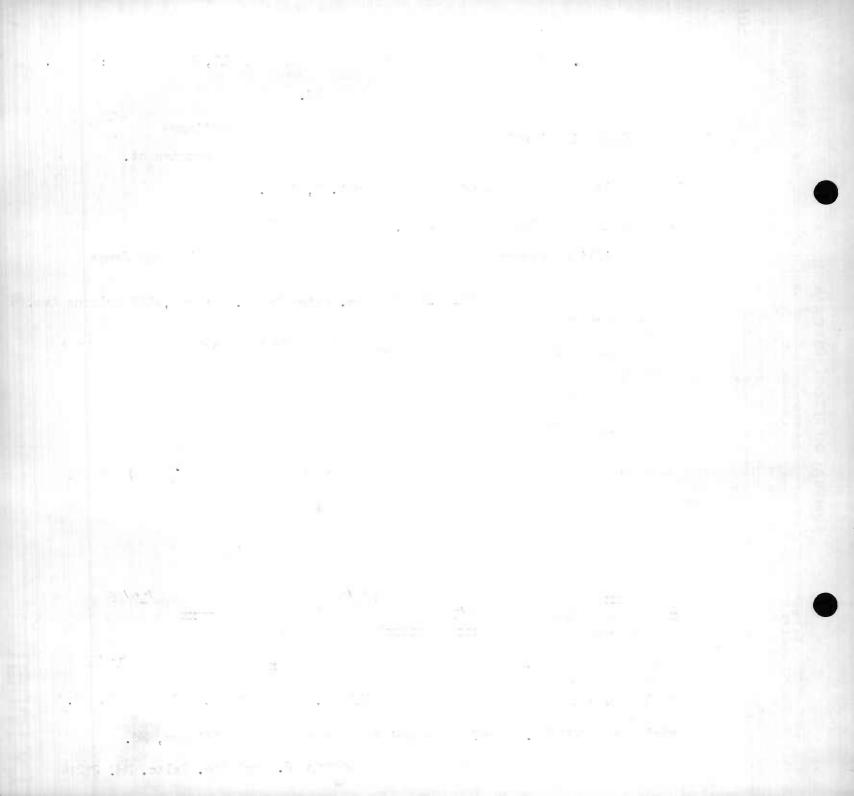


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

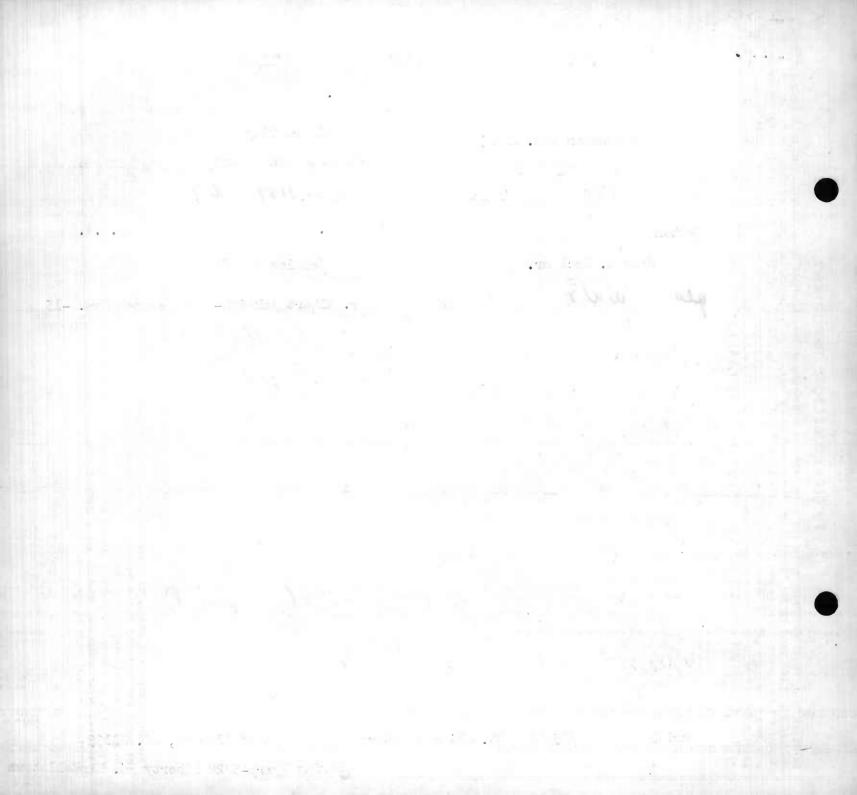
66 08290

	DIRTH NO.		CERTIFICATE C	OF DEA	TH	Kegistei	red No.	30200	
	Type or Print) JOHN J. W			July 8, 1966					
3	PLACE OF DEATH IN BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION  3076-25	STREET	A. STAT	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before edmission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL end give townshlp)					
	3016,23	0/1	D. STRE	Baltimore  D. STREET ADDRESS 307 E. 25th Street					
5	. SEX 6. COLOR OR RACE		GLE, MARRIED, WED, DIVORCED (Specify)	8. DATE	8. DATE OF BIRTH  9. AGE (In yeers last birthday)			. If Under 24 Hrs. s Hours Min.	
· II	OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	IOB. KIN	D OF BUSINESS OR INDUST	TRY . FI. BIRTH	HPLACE (State or forai	an country)	12. CITIZEN WHAT C	OF OUNTRY?	
13	3. FATHER'S NAME	5		14. MOT	HER'S MAIDEN NAMI	how			
	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dales o	f service)	16. SOCIAL SECURITY NO.	17. INFO	RMANT		AD	DRESS	
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., disease,	(A) C		ry throm	osisk ic cardio-	Se Ve 1	ral hour	
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati UNDERLYING CONDITION last.	(B) DUE TO V	ascul	ar disea:	se	26.461	rar yrs.		
CD TICI	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.								
	CAUSE OF DEATH, ENTER IN	A. DATE	OF OPERATION	WAS PERFOR	B. CONDITION FOR WHICH OPERATION 'AS PERFORMED			NO 🚉	
MEDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21B. PLACE OF INJURY (e.g., home, farm, factory, street, of elc.)			21C. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	y, giva axact loc	ation)	
	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21E. INJURY OCCURRED WHILE AT NOT W WORK AT WO	ORK	21F. HOW DID INJ		250	q	
	22. I certify that (I) (this haspital) attended the deceased from Jan 18, 1949 to July 8, 1966, that (I) (we) last saw the deceased alive an June 9 166. and that in (my) (our) opinion death occurred at 3:00 Pm. from the causes and on the date stated above.								
	23A. SIGNATURE  ATTENDING PHYS. MED. DIRECTOR 24A. BURIAL CREMATION. 24B. DATE 24B. DATE 24B. DATE	□ ST 240	AFF PHYS.   2. NAME of CEMETERY or CRI	ANAT	CARYLAND PARSITY M	ASSOS MAN	23C. DATE SI 7 +8 -66 10w/, 1-66m,	GNED (State)	
	AUG 16 1968	25B, NA	ME OF REGISTRAR	25C	TORTUAR	Y SERVICE	BC	ADDRESS	
٧	\$ 150	50	1 4 6 5	0 0	000	,			

Registered No.6



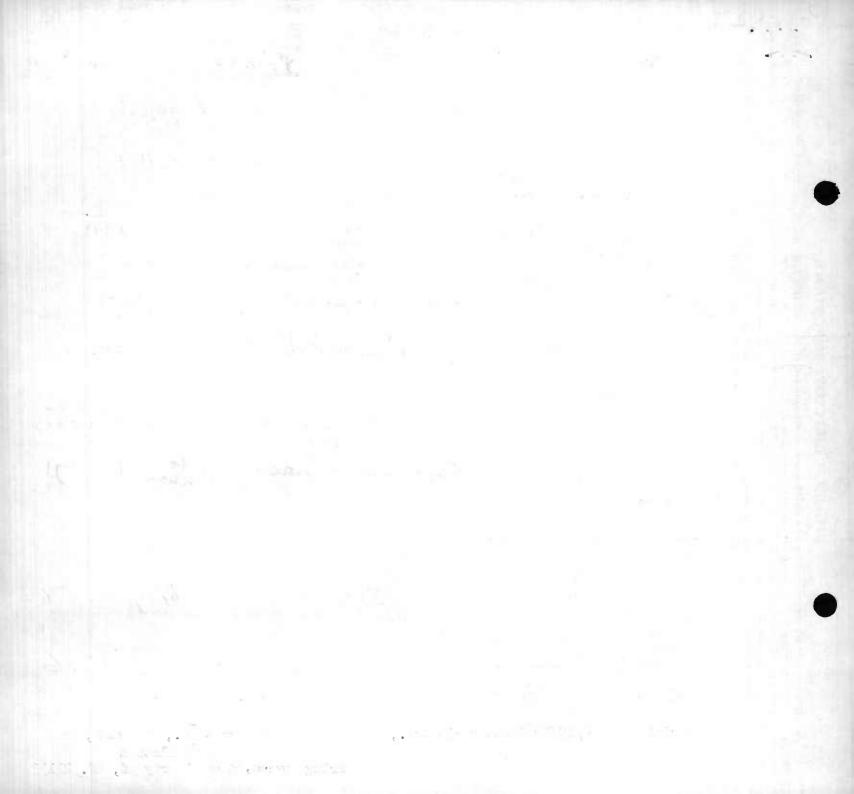
(Typ	AME OF DEC			1000000	A fac	111	EATH
2 8	DI ACE OF DEA	JOHN	BYLAND	KECK	8/1	L/66	t institution; residence before ad
F	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital address or location	or institution, g n)		A. STATE B. CO	outside city limits,	write RURAL and give township)
1	222	6 Henenan Av	e. 21213	3	D. STREET ABOVESS C		on)
5. S	FY	6. RACE	7. AA ARRIED.	NEVER MARRIED	8. DATE OF BIRTH	Avenue	HENNEMIAN I Under
	M	White		DIVORCED (specify)	Unknown 189	lost birthday	Months Doys Hours
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Sexten	voixing me, even in remed,	1000		Md.		U.S.A.
	FATHER'S NAM	A E		•	14. MOTHER'S MAIDEN	AME	
	Jo	hn A. Keck S	r.		Adelaide	Childs	
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ils	WW1		No.	Mr. Albert As	kwith_2226	Henanan Ave15
V	18. 4 4	(3 VI			F DEATH	0	INTERVAL BETWE
	DISEAS	E OR CONDITION DIE	RECTLY	16	t.	11/1/	ONSET AND DEA
	/Th:	LEADING TO DEATH	to the	(A) 154	sullusion	00	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	(This does n	ol meon the mode of	dving. e.g				
	heart failure,	osthenio, etc. It meons		DUE TO	1 1	2,1	
			the diseose,	1000-107	Toward (	111	
	injury or com	osthenio, etc. It meons	the disease, death.)	(B) DUE TO	perosel (	200	
	DISEASES C	osthenio, etc. It meons plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the diseose, death.)	(B)	Duosel (		
	DISEASES C	osthenio, etc. It meons plication which caused ANTECEDENT CAUSES	the diseose, death.)	(B)	Morel (		
ATION	DISEASES COMES TO THE SIGNITO THE DISEASES COMES TO THE DISEASE COMES TO THE DI	osthenio, etc. It meons plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  II FICANT CONDITIONS CEATH BUT NOT RELA	ony, giving slating the	DUE TO	prosel (		
ATI	DISEASES COMES TO THE SIGNITO THE DISEASES COMES TO THE DISEASE COMES TO THE DI	osthenio, etc. It meons in plication which caused antecedent Causes of the conditions of the conditions of the conditions of the conditions of the condition causing it condition causing it condition causing it makes the cause of the cause of the causing it makes the causing it makes the cause of the causing it makes the cause of the cause	ony, giving slating the CONTRIBUTING ATED TO THE	DUE TO		No) 208. IF YES, W	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
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DIRECTOR:

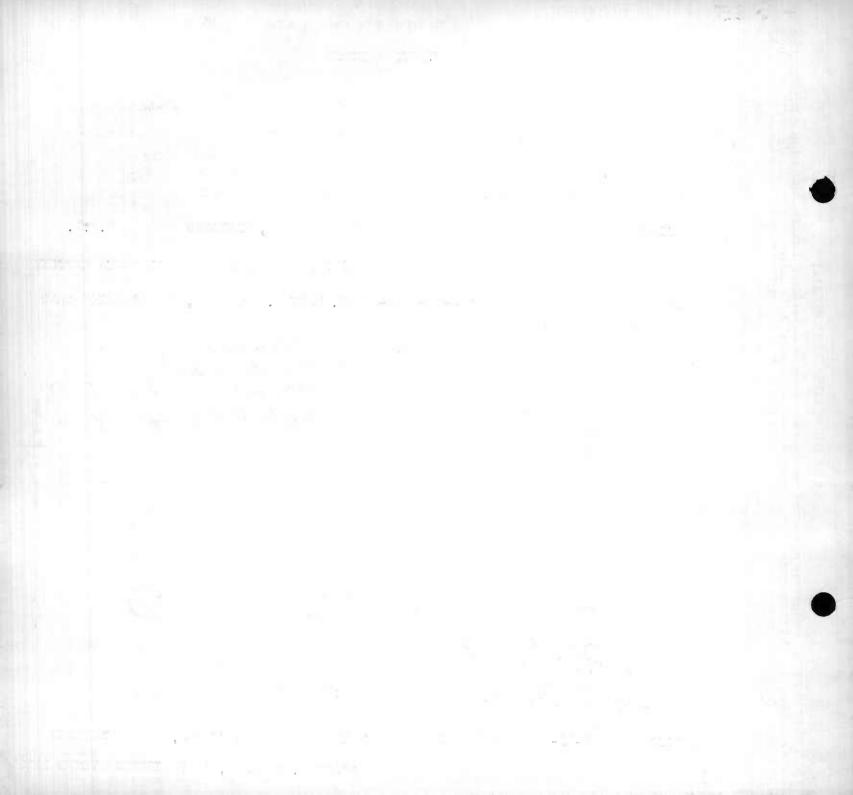
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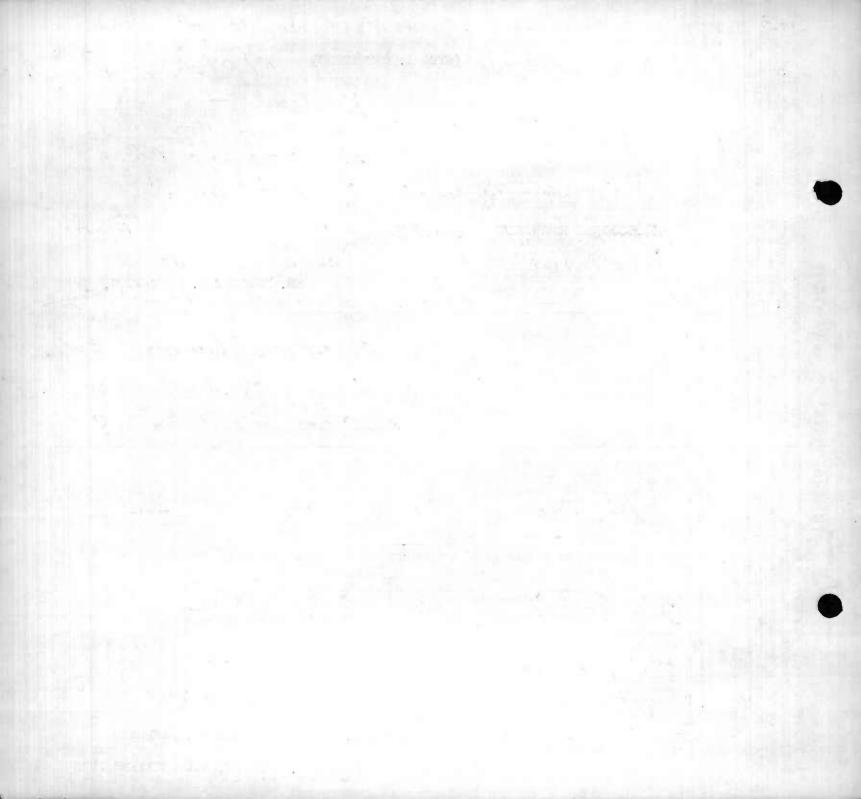
BIRTH NO.	0 08293		CERTIFICA	TE OF DE	ATH	Registered Na	00 00293
1. NAME OF DECEASE (Type or Print)	Part of the same o	nnoma	HENRY SO			D HOUR OF DEATH	7.55
3. PLACE OF DEATH	7				ENCE (When	e deceased lived. If ins	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspital ar address or lacation)	institution, giv	ve street	A. STATE  M. C. CITY OR TOW	B. COUN	1.	URAL and give township)
4 Bon	Secours	Hosp	ital	Dalti D. STREET ADDR	nore rae sid	rural, give location) e Rd-	29-
5. SEX 6. RA	white 7		DIVORCED (specify)	8. DATE OF BIRTH	1		If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
toA, USUAL OCCUPAT			BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	ig the, even it remed,			Balti m	iere,	MARYLAND	U.S.A.
13. FATHER'S NAME				14. MOTHER'S M			H-III
Henry	Sonneh	nan		XXXXXXX	XXXXXX	XXXXXXXXXXXXXXXX	XAGUSTA HARTLEY
15. Was Deceased Ever (Yes, no ar unknown) (If y	in U. S. Armed Force	s? 1	6. SOCIAL	17. INFORMANT			ADDRESS
NO	es, give wor or doles		215-01-8562-	A MRS. MAR	RY E. S	ONNEMAN, 708	BRAESIDE ROAD
18. 11 20	/ 1		CAUSE O				INTERVAL BETWEEN
DISEASE O	R CONDITION DIRE	CTLY	4		cal.	,	ONSET AND DEATH
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	lian which caused a	leath.)	1	NEARCTIO	ON. I	CFF VENTRIC	10 4 days
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	ONDITIONS, if ar pove cause (A) s ONDITION last.		(c) AR	TERIOSC/E	ROTIC	HEART Visens	e YEARS
TO THE DEATH	NT CONDITIONS CO H BUT NOT RELAT DITION CAUSING IT.	ED TO THE					
19A. DATE OF OPE	RATION 198. COND WAS PERFO		HICH OPERATION	20A. AUTOPSY	? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION OF CONTRIBUTIO		21 B, P home, etc.)	form, factory, street, of	n or obout 21 C. WH ffice bldg., INJURY	OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME (Ma	nth) (Day) (Year)	(Hour) 21 E. 1	NJURY OCCURRED	21 F. HO	M DID INT	URY OCCUR?	12 12 12 E
(APPROX.)		While	Not While				
22. 1 certify that	(1) (this haspital)		deceased fram		1	9 66 ta 8	- 10 19 66
	saw the deceased						ion deoth occurred on the da
			(We) (did) (did nat) v			(), (,	
23A. SIGNATURE	/ ) /	, ,	1	Tow The body of	iei dediii.		23B, DATE SIGNED
	- war	mu :	Phy	s. Di	ed. rector	Stoff Phys.	8-10-66
23C. PHYSICIAN'S NAME (Type)	AMI B.	eAHI.	M M.D.	BON	Seco	DURS HOS	ortal
24A. BURIAL CREMATI REMOVAL (Specil		24C. NAA	ME of CEMETERY OF CRI	EMATORY	24D. LC	OCATION (City	, town, or county) (State)
BURIAL	8-15-66		DON PARK CEMI			BALTIMORE,	MARYLAND
25A. DATE REC'D BY		SB. NAME OF	E FORMAL	HOWARD F	HUBB	ARD, 4107 W	LKENS AVENUE 2122
VS 150-REV. 1/1/65							



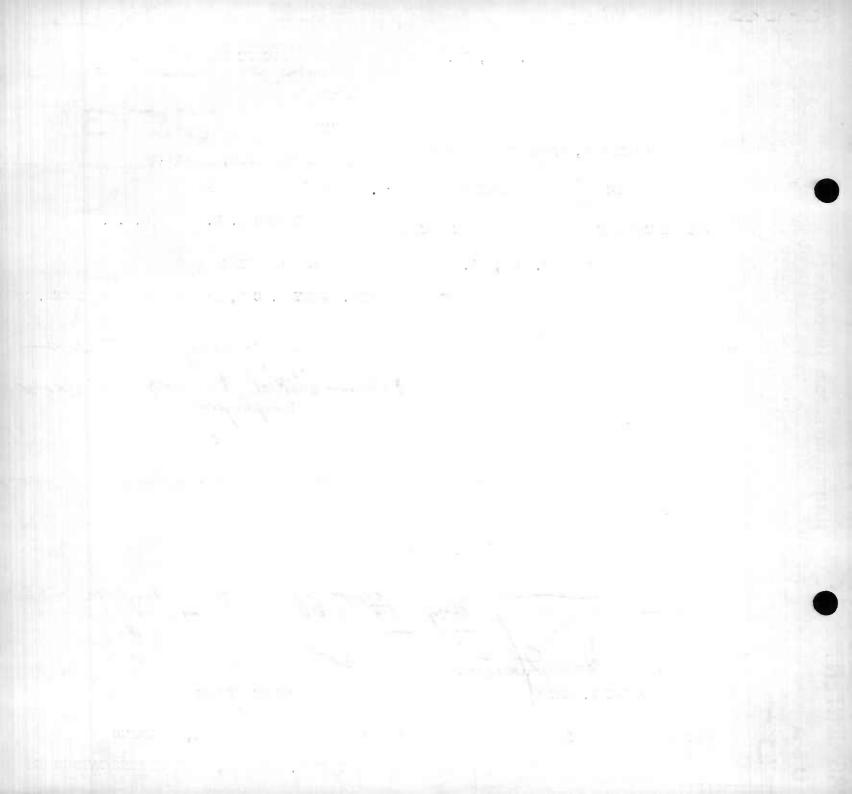
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



	E 110.30			Registered No	66 08295
RTH NO.	66 0829	CERTIF	ICATE OF DEATH		
NAME OF DE		G. COE, JR.		AND HOUR OF DEAT GUST 10, 196	
PLACE OF DE	ATH IN BALTIMORE, MA	•		Where deceased lived. If	institution: residence before admis-
FULL NAME HOSPITAL OR			A. STATE B. CO MARYLAND C. CITY OR TOWN (IF BALT IMORE	OUNTY	e RUBAL and give township)
B	SALTIMORE, MAR		D. STREET ADDRESS 519 RANDOM	(If rural, give location)	1229
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
MALE	WHITE	MARRIED (speci	6-14-1912	lost birthday)	Months Doys Hours Mi
	working life, even if retired)	CONSTRUCTIO	WASHINGTO		U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
		. COE, SR.	HELEN CH	EWNING	
5. Wos Deceose Tes, no or unknow	d Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			MRS. BETTY L.	OOE, 519 RA	NDOM ROAD, BALTO.
18. def 1	OXI	CAL	USE OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION DI				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1 1 1	4 -	
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	LEADING TO DEATH	dying, e.g., DUE 1	Mitral Inse	ufficiency	7 years
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heall failule injury ar ca	LEADING TO DEATH not mean the mode of , asthemia, etc. It means mplication which caused ANTECEDENT CAUSES	dying, e.g., DUE 1 the disease, death.) (B) DUE 1	Mitral Sons	afficiency al Pulmor walessens	ng 3 yes
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heall failule injury ar ca DISEASES rise to II UNDERLYIN	LEADING TO DEATH nal mean the mode of , asthenia, etc. It means mplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if ne abave cause (A) IG CONDITION last.  II  WIFICANT CONDITIONS CONDITION CAUSING	dying, e.g., DUE 1 the disease, death.)  (B)  DUE 1 any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.		/	7 years  3 yes  E FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE IDISEASE OF 19A. DATE OF 21A. ACCIDIOR CONTRIB DEATH (notif) 21D. TIME	LEADING TO DEATH  nal mean the mode of , asthenia, etc. It means mplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if ne abave cause (A) IG CONDITION last.  III  IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	dying, e.g., the disease, death.)  any, giving sloting the (C)	20A. AUTOPSY? (Yes or (e.g., in or about 21C, WHERE DID reet, office bldg., INJURY OCCUR	No) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
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NODLY  OTHER SIGN TO THE (DISEASE OF TO THE (DISEAS	LEADING TO DEATH nal mean the mode of , asthenia, etc. It means mplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if ne above cause (A) IG CONDITION last.  II HIFICANT CONDITIONS CONDITION CAUSING TO OPERATION 198. CON WAS PER ENT WAS UNDERLYING UNING CAUSE OF y medical examined  (Month) (Day) (Year)  That saw the decease and fram the causes sta  URE  HARRY F. KATE  EMATION, 248. DATE	dying, e.g., the disease, death.)  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  CO	20A. AUTOPSY? (Yes or reet, office bldg., INJURY OCCUR.)  Dot While 19 6 and work work 19 6 and 19 6 and 19 19 6 and 19 19 19 19 19 19 19 19 19 19 19 19 19	INJURY OCCUR?  In Staff Phys.   TT STREET	DEFINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct location)  Depinion leath accurred an the location of the locati



death

IMPORTAN

DIRECTOR:

FUNERAL

approved



representation and members communicate

Mary Para of the parties

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.	
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
EVELYN GREENWELL	8-14-66 10:30	A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before	odmis sion)
HUL NAME OF THE HOUTE HOSTIAL ON VIT TON OVER THE HOSPITAL OR ADDRESS OR LOCATION	Maryland C. CITY OR TOWN (If outside corporate limits), write RURAL and give tow	nship)
HOSPITAT OR ADDRESS OF LOCATION)	10-06	
2918 STRICKLAND STREET	D. STREET ADDRESS (If rurof, give location)	
	2918 Stricklænd Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Ur	
Female White Whowed, DIVORCED(specify)	9-9-20   lost birthdoy)   Months   Doys   Hou	i win.
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
done during most of working life, even il retired)	Baltimore, Md. USA	17
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ш
Lawrence Marfield	Christina Holder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT D. Greenwell ADDRESS	
213-20-222		
	OF DEATH INTERVAL	
DISEASE OR CONDITION DIRECTLY	ONSET AN	D DEATH
LEADING TO DEATH	tiple pulmonary emboli	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
THOUSE CONTRACTION WINCH COUSED GEOMS		
ANTECENDENT CAUSES  DISEASES OF CONDITIONS IS ANY COURSE		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST,  (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	Yes Yes n or obout 21C. WHERE DID (If in Boltimore City, give exact location)	
UNDERLYING OR CONTRIB-	ffice bldg., INJURY OCCUR?	
7	21F, HOW DID INJURY OCCUR?	
OF INJURY	WHILE T	
22.	ORK L	1-11
I certify that I held an Inquiry Inspection Aut	opsy 🔀 and that on this bosis, death in my opinian	
resulted from: Natural couses X Accident 7 Suicide	Homicide Undetermined monner	
1/11 0-7	CHIEF MEDICAL EXAMINER DATE S	ICNED
SIGNATURE MALE WY,D.	ASSISTANT MEDICAL EXAMINER K	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-15-	66
NAME (Type) RUDIGER BREITENECKER, M.D.	1000 1000 100	(6)
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)		(Stote)
Burial 8-17-66 Baltimore	Nat'l. Baltimore, Md.	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Witzke F. D 4101 Edmonds on	Δ 37
AUG 10 1066 A O R Q Jaluns	MI CAKE I. D TIOI ECHIONOSON	TT V .
VS 151-REV. 1/1/65	8 3 0 1	1-

08299 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO.

M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD HOWARD TAYLOR August 13, 1966 6:10 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION () F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN ()f outside corporate limits, write RURAL and give lownship Baltimore Franklin Square Hospital D. STREET ADDRESS (If rurol, give location) (DOA) 4549 Pen Lucy Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours , Min. Male White XX 53 11-17-12 Married 10A, USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Watchmaker Elkins W. Va. Own business HSA 13, FATHER'S NAME Late-Harvey L. Late-Georgia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS Mrs. Shirley Taylor (Yes, no or unknown), ()f yes, give wor or dotes of service) SECURITY NO. 236-12-4405 4549 PenLucy Rd. - 29 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Store 1526 W. Baltimore Street 21 F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) August 13, 1966 5:55 WHILE AT X NOT WHILE Shot during attempted robbery Inspection I certify that I held an Inquiry Autapsy X and that on this basis, death in my apinian resulted fram: Natural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER August 14, 1966 EXAMINER'S Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial

8-17-66

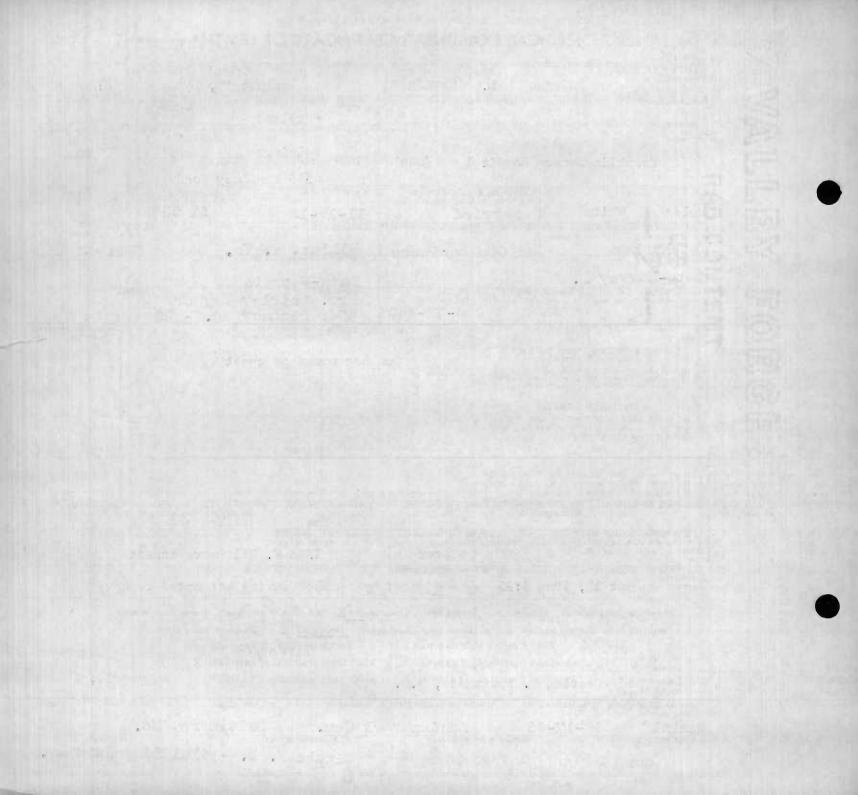
Loudon Park Cem. 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

Baltimore, Md.

D. - 4101 Edmondson Av.

ADDRESS

VS 151-REV. 1/1/65



Policy# 6-693-244 on Paul E.Bobart born October 8,1885--Prudential Life Insurance Co.

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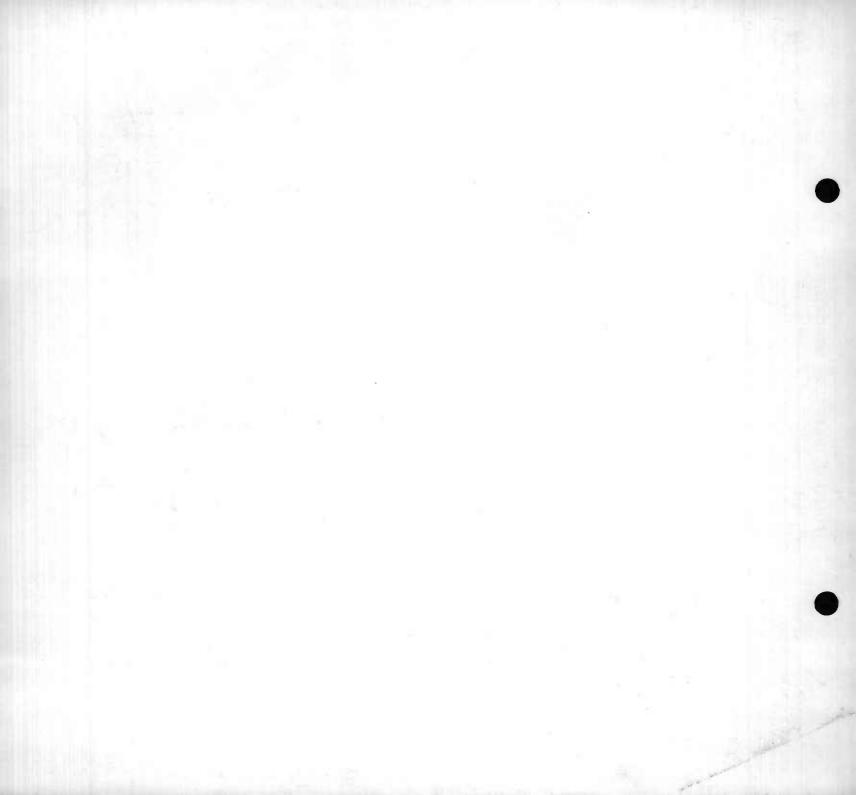
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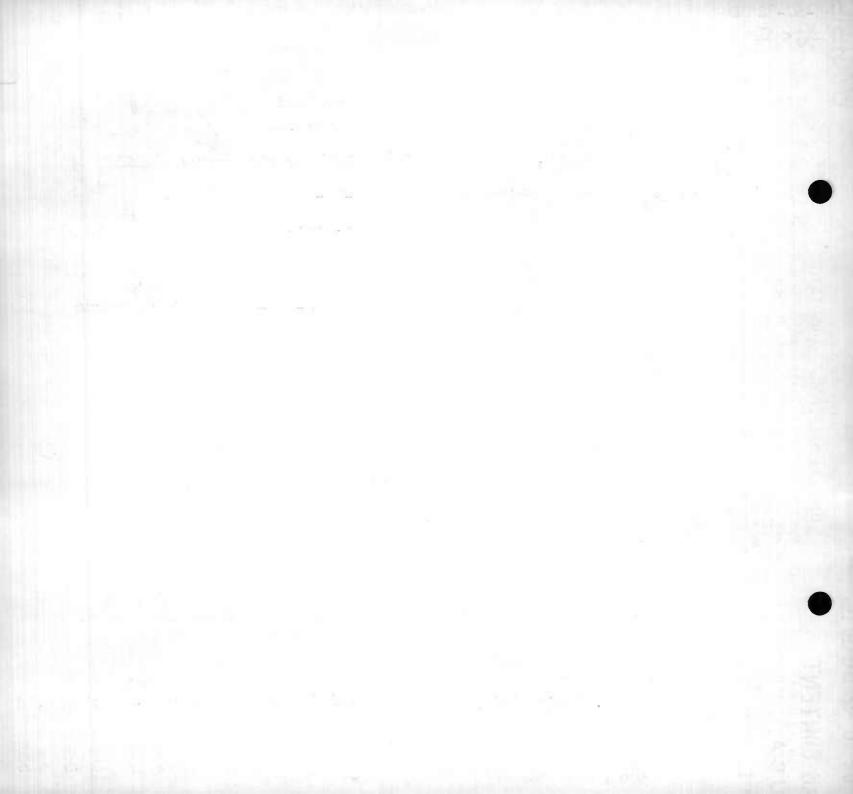
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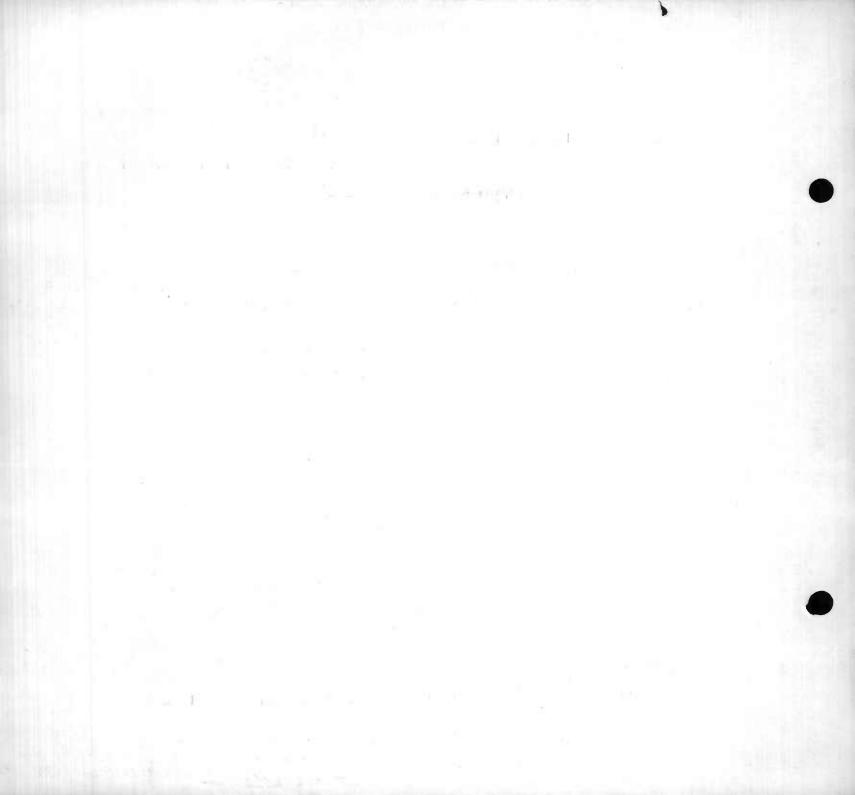
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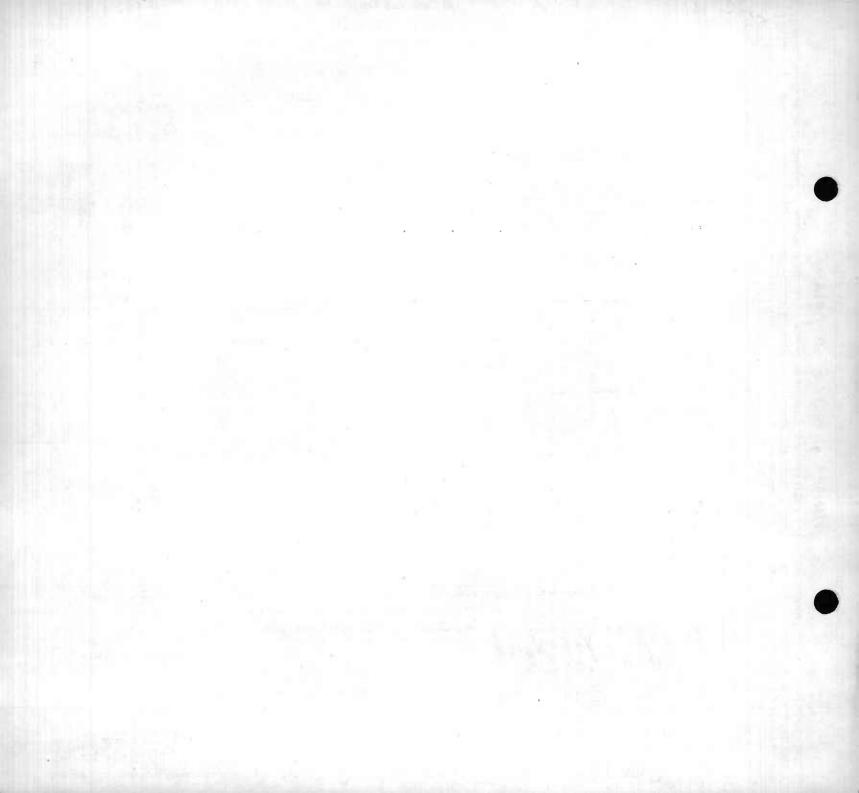


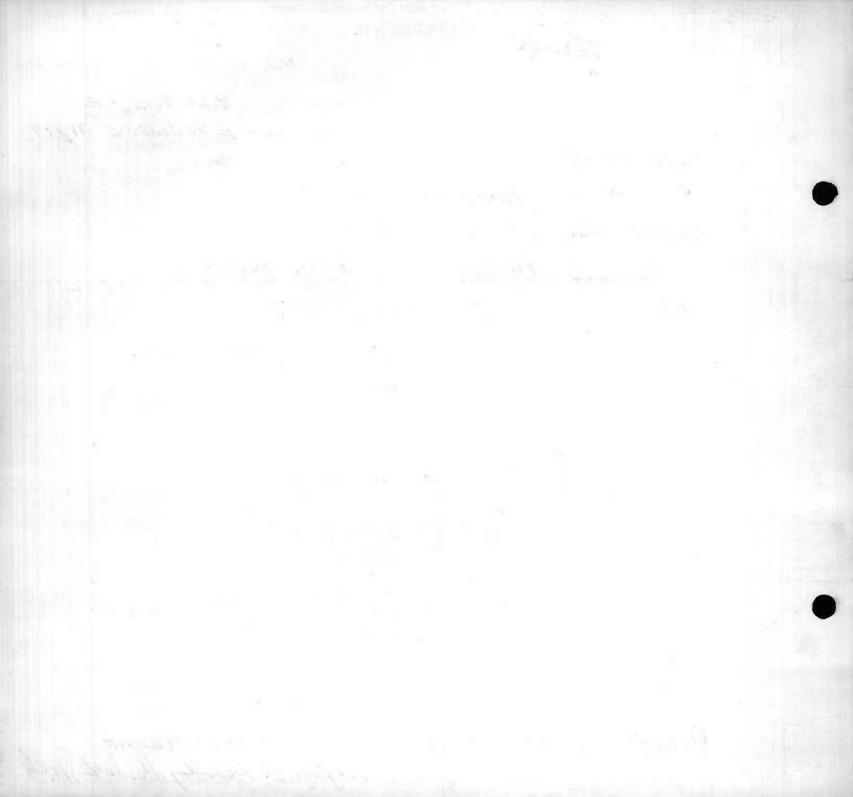
BIRTH NO.	MED	CALEX	WAMIIAEK 2	EKTIFICATE	OF DEATH Registe	ered ind.
M.E. CASE NO.						
1. NAME OF DE (Type or Print)	.4. (1)	2		2.	DATE AND HOUR PRONOUNCE	1 27
2 BLACE IN BAL	Edmond Cdmur		Besche	Ma Marian arcinen	8-13-66	6:35 a <sub>M</sub> .
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. CO	titution: residence before odmissian UNTY
FULL NAME OF	UF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mary	(If outside corporate limits, write	DIIDAI
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITI OK TOWN	(if ourside corporate limits, with	de REMAL and give lawnship/
LOTE OF	adhan Da Da	7 4 4			Lmore	2 - 10
4015 01	atham Rd., Ba	ittimore			S (If rural, give location)	
					Chatham Rd.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
M	W		ngle	Dec. 14,19	921 15 44	
OA. USUAL OCC	UPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
U.S. A	warking life, even if retired)			Baltin	ore Mryland	11. S.A.
3. FATHER'S NA	ME					0,00,00
Ant	hony Besche			Stel	la Geisenhotter	
S. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
11	(If yes give wor ar date	s of service)	SECURITY NO.	11110	12120-1	1 21206
yes		21	6-18-3766		esche - 4212 Belm	
18.	43 X		CAUS	SE OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	TT			
(This does	LEADING TO DEATH		пуре		i arterioscleroti	.c
heart failure	nat meon the mode of c, asthenia, etc. It meons implication which caused	the disease.		heart disea	ise	
	ANTECENDENT CAUSE		(B)		***************************************	
RISE TO TH	OR CONDITIONS, IF A		DUE TO			
	NG CONDITION LAST.		(C)			
<u>ō</u>	ll l					
OTHER SIG	NIFICANT CONDITIONS					
DISEASE O	DEATH BUT NOT RE		HE		***************************************	
	F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? ()	res or Na) 208. IF YES, WERE FI	INDINGS CONSIDERED
Ö	WAS PER	FORMED		Yes	IN CERTIFYING CAU	SES OF DEATH?
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	, in or obaut 21C. WH	ERE DID (If in Baltimare City, g	
	OR CONTRIB-	hame etc.)	, fam, factory, street,	affice bldg., INJURY O	CCUR?	
E 21D TIME	(A4 II) (B) (M	) (11 ) (0	1E INJURY OCCURRED	015 40	/ DID INJURY OCCUR?	
OF INJURY	(Month) (Day) (Year				DID INJURY OCCUR:	
(APPROX.)		m, V	VHILE AT NOT	WORK		
22.	tify that I held an I	nguiry	Inspection A	utopsy X ond ti	hot on this basis, death In	my aninion
1		797				
resu	Ited fram: Natural co	uses A	ccident Suici			ier 🗀
ACTUA	1 /3/2 00	00			DICAL EXAMINER	DATE SIGNED
SIGNAT		J. 75	-376 M.		DICAL EXAMINER X	0 //
EXAMII NAME (	(Type) Charles		ingate, M.D.		DICAL EXAMINER	8 <b>-</b> 13 <b>-</b> 66
REMOVAL (Special		23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, tawn, or county) (Stote)
Burial	8-16-66	5	Holy (ross (	emeteru	Baltimore Ma	ruland
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
			90 00	John C	Miller Inc-6415	Belair Road-21206
611	C 40 1000 A	D # 9	ATTACKUMAN.	Joint C.	Proceed the only	
VS 151-REV. 194	183 TU 1000 AL	Distance of the second	0 0 0	8 3	0 0	1.

- ANTONIO CALLED STATE OF THE S AT COUNTY STORY X 

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FUNERAL DIRECTOR:





IMPORTANT

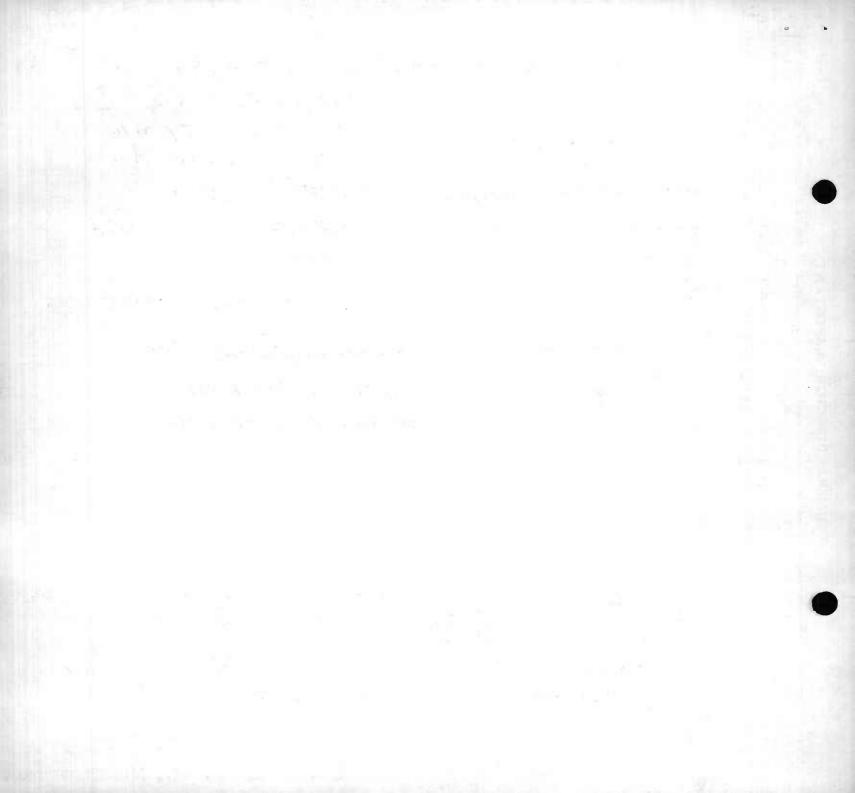
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

Dirthe 1

M.	00 0000	BALTIMORE CITY HEAT			00 00200
	th NO. $6608309$	CERTIFICATE	OF DEATH	egistered No	66 08309
Ту	AME OF DECEASED  OF OF Print)  MEVER LE	VITAS	2. DATE AND H	1/66	10 55 A
	FULL NAME OF (If not in hospital or institution, give oddress or location) NSTITUTION	street A. ST	MARYLAND	15	tion: residence before admission
1	SINAI HOSPITAL	D. 5°		give location)	H 16
S. 5	MALE CAUCASIAN WIDOWED, D MARR	(E) (Specify)	TE SEPTH 1884 9. AG	E (In years If Minday)	Under 1 Yr. If Under 24 Honder Days Hours Min.
lon	. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUILD	I LE PARTS	RTHPLACE (State or foreign of  MARKMUMMM RI(  OTHER'S MAIDEN NAME		2. CITIZEN OF WHAT COUNTRY? USA
٥.	UNKNOWN	14. W	UNKNOWN		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces?	SECURITY NO.	FORMANT  BERTHA LEVITA	IS. 3220 CA	ADDRESS RLISLE AVENUE
ALION	TISE IN THE ABOVE COUSE (A) Stating THE UNDERLYING CONDITION LOST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		SCEROTIE HT		
					UNICE CONTRIDERED
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICE	CH OPERATION 20	A. AUTOPSY? (Yes or No) 206 IN	IF YES, WERE FIND CERTIFYING CAUSES	OF DEATH?
CAL CERTIFIC	WAS PERFORMED	ACE OF INJURY (e.g., in or ob orm, foctory, street, office blo			by, give exact tocolion)
MEDICAL CERTIFIC	WAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING   21 B. PLA OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING   home, feet.)	ACE OF INJURY (e.g., in or ob orm, foctory, street, office bland		(If in Boltimore Cit	
CALC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  While A	ACE OF INJURY (e.g., in or oborm, foctory, street, office blown, foctory, street, office blows are also because of the street, office blows are also because of the street, in the street, and	21F. HOW DID INJURY	OCCUR?	ly, give exact facation)
CALC	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  (Approx.)  (Month) (Doy) (Year) (Hour) 21E. INJ While A Work  While A Work  22. I certify that (1) (this haspital) attended the detail (we) last saw the deceased alive an	ACE OF INJURY (e.g., in or ob orm, foctory, street, office blands)  JURY OCCURRED  Not While At Work	21F. HOW DID INJURY	OCCUR?  ta D/(my) (aur) apiniar	ly, give exoct tocotion)



BNAI ISRAEL

24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR

BURIAL

VS 151-REV. 1/1/65

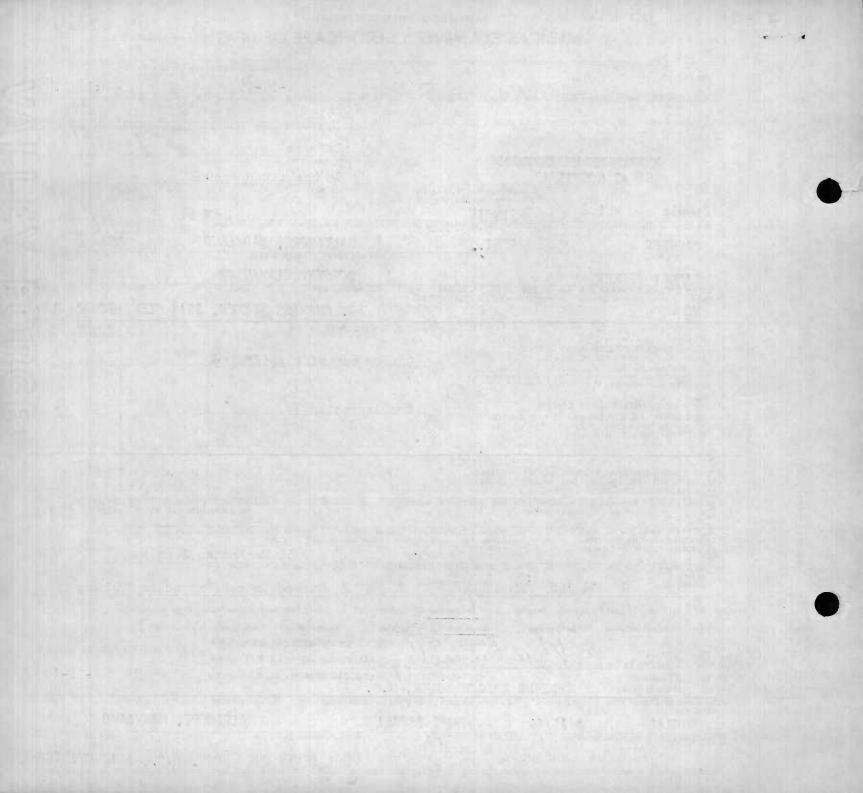
24A. DATE REC'D BY HEALTH DEPT.

8/15/66

BALTIMORE, MARYLAND

LEVINSON & BROS. INC., 6010 REISTERSTON

ADDRESS



Registered No. CERTIFICATE OF DEATH M.E. CASE NO. Decease I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) U O 6 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence/before admission) eat ance A. STATE B. COUNTY (2) MARYLAND Cause FULL NAME OF (If not in hospital or institution, give street Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; attend INSTITUTION 0 contributing D. STREET ADDRESS UIAU pr #1 etermined regular O 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years sed 94 If Under 1 Yr. If Under 24 Hrs. BW WIDOWED, DIVORCED (specify) Months Doys lost birthday Hours WIDOWED 0 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working lile, even if retired) dispositio INDIANA Und MAKAMANANA RETTRED MOS the 13. FATHER'S NAME 4 HERMAN M. HEYA IMPORTANT eath u o 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN 6. SOCIAL ADDRESS (Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO. Sen , 7106 PLYMOUTH ROAD any 18. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH atten DISEASE OR CONDITION DIRECTLY 0 me LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., pro D heart failure, asthenia, etc. It means the disease, ar FUNERAL DIRECTOR: ف injury or complication which caused death.) FOR Thoracic ADRTIC Ε 5 ANTECEDENT CAUSES who 0 0 9 are DISEASES OR CONDITIONS, if ony, giving 3 lo the obove cause (A) stoting the C UNDERLYING CONDITION last, mains hysicia SD П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING EUMONIA C TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DAJE OF OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? HRTIC HNEURYSM ES Inuracio 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID U (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, toim, foctory, street, office bldg., INJURY OCCUR? hospital å 0 A DEATH (notity medical examiner) any nature; MEDIC 3 0 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR! 9 aine (except Not While While At (APPROX.) Work At Work and 22, I certify that (1) (this hospital) attended the deceased from that (I) (was) last saw the deceased alive an 19 and that in (my) (see) apinion death accurred on the date ö death) hospita and haur and from the causes stated above. (1) (##) (did) (didnet) view the body after death. must accident 23A. SIGNATURE 238. DATE SIGNED M.D. Attending Med. Stoff 0 Phys. Director pproval Phys. 0 23C PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) dsed 24C. NAME of CEMETERY OF CREMATORY 240 LOCATION (City, town, or county) o Cremation 8/16/66 LOUDON PARK RD. BALTO. MD. deced Was 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR REISTERSTON SOL LEVINSON & BROS. INC., 6010

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

9/66- Thoreare artic averyone due to arlenosclerosis-les letter from linae Hosp-Filed Bur Biostalistics - averican Bldy

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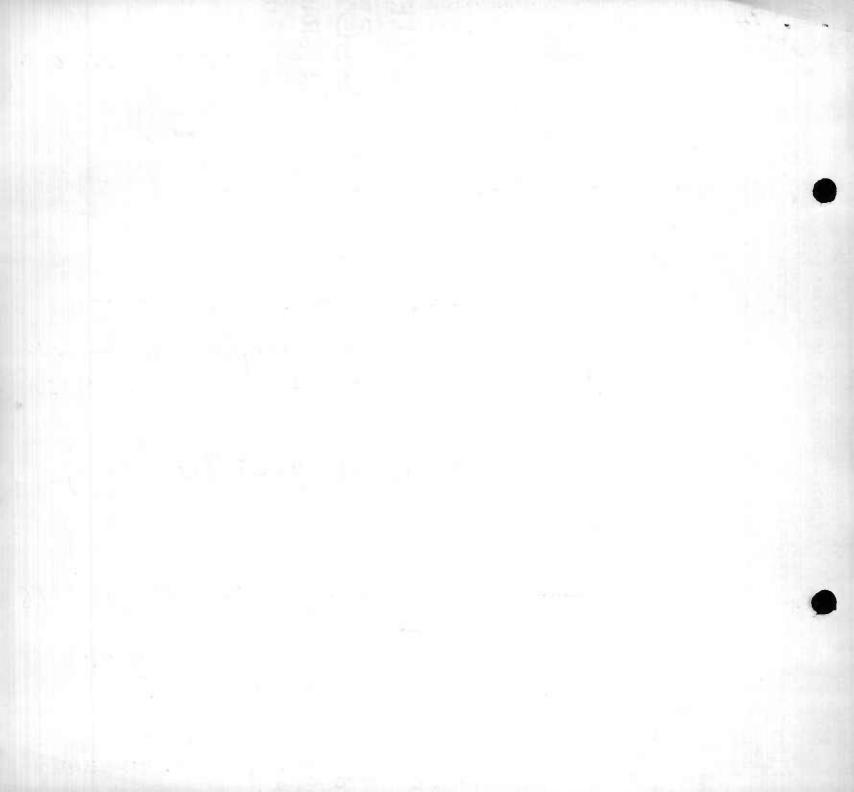
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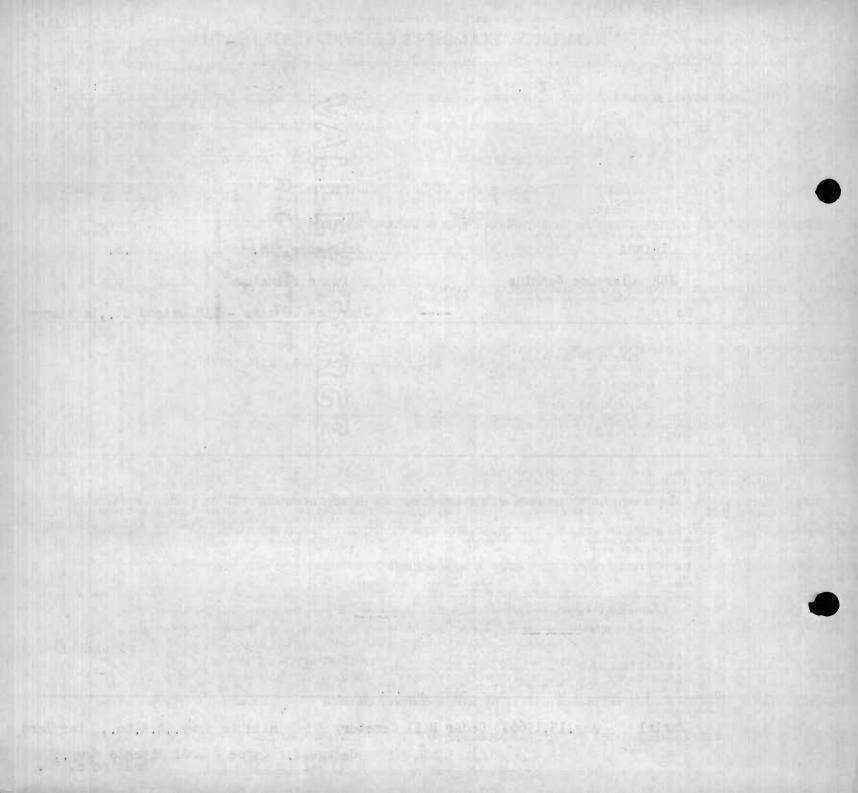
BALTIMORE CITY HEALTH DEPARTMENT 66 08312 Registered Na. BIRTH NO. CERTIFICATE OF DEATH the Such Deceased and death M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) Sat Aug 13, 1966 FANNIE GOLDMAN hospital eath. of 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ance B. COUNTY A. STATE (2) cause (If not in hospital or institution, give street FULL NAME OF ō oddress or location) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) cause; attend INSTITUTION 0 BALTIMORE D. STREET ADDRESS SINAT HOSPITAL (If rurol, give location 2720 OAKLEY AVENUE 9. AGE (In years If Under 1 Yr. 7. MARRIED, NEVER MARRIED S. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday) Months Doys Hours FEMALE WHITE 191 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE AT HOME RUSSIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAX SLAMOVITZ 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give war or dates of service) ADDRESS 16. SOCIAL 17. INFORMANT SECURITY NO. NO 220-44-5039 720 OAKLEY CAUSE OF DEATH INTERVAL BETWEEN 2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) |Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 and that in(my) (aur) apinion death accurred on the date that (1) (we) lost saw the deceased alive an and haur ond fram the causes stated above. (1) (We) (did) (dident) view the bady after death. 23A, SIGNATUR 23B, DATE SIGNED Attending Stoff Aug 14, 1966 M.D. Med. Phys. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME IType IRVIN SAUBER 6905 Park Heights Ave. M.D. 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) BURIAL Aug 15/1966 Hebrew Young Men Baltimore. Maruland ADDRESS 2SA. DATE REC'D. B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Rd & BROS INC. 6010 Reisterstown

VS 150-REV. 1/1/65

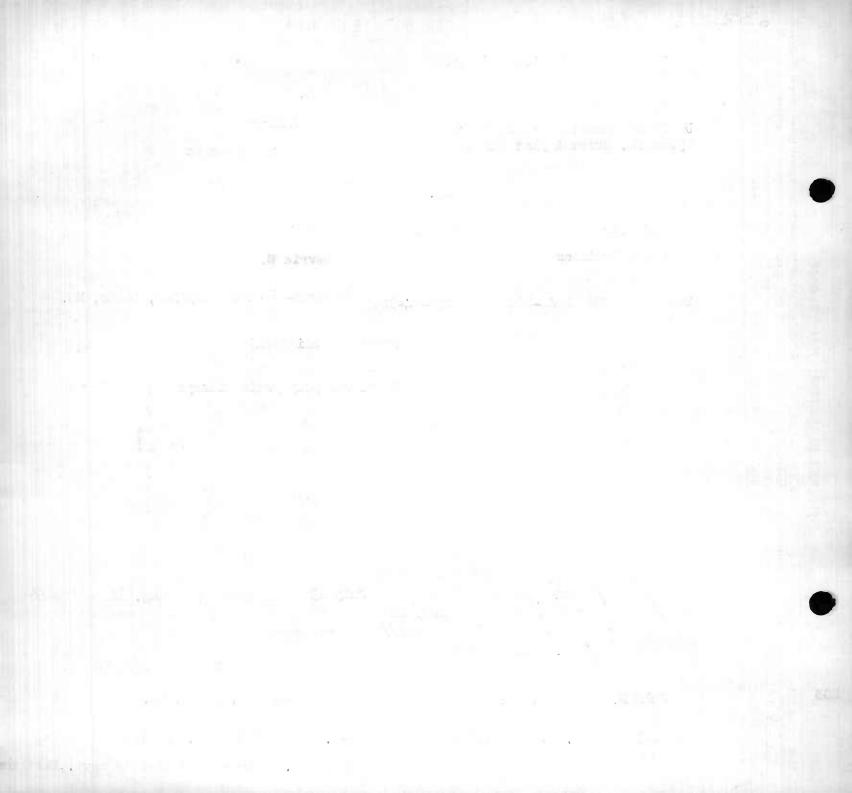


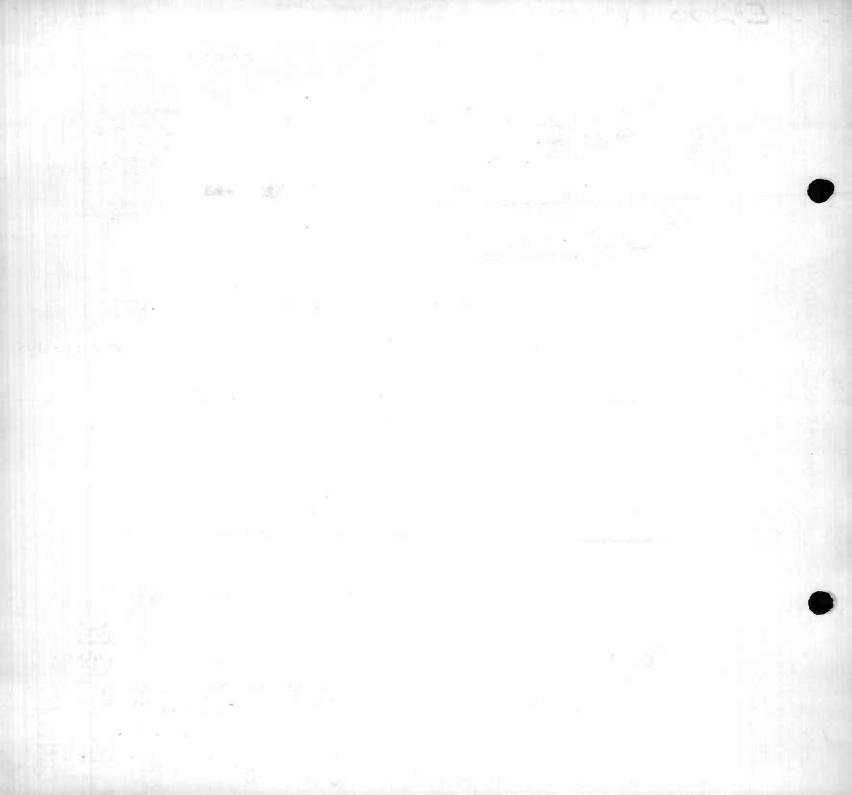
BIRTH NO.	Batto Co. Md. MEI	BALTIMORE CITY HEAL DICAL EXAMINER'S CI	TH DEPARTMENT ERTIFICATE OF DEATH Regis	66 U8313		
M.E. CASI						
(Type or P		IP M TENEZING	2. DATE AND HOUR PRONOU!			
3. PLACE I	N BALTIMORE, MARYLAND,	NE M. JENKINS WHERE PRONOUNCED DEAD	8-10-66 12:35 P. M.  4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission B. COUNTY			
FULL NAN HOSPITAL INSTITUTIO	AE OF (IF NOT IN HOSP) OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET CATION)	Maryland C. CITY OR TOWN (If autside corporate limits, v	write RU/AL and give township)		
0	118 E. OSTEN	ND STREET	Baltimore D. STREET ADDRESS (If rural, give location)			
1			118 E. Ostend Street			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In year lost birthday)	rs If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
Fema	le White	single	Apr. 15, 1966	4		
	L OCCUPATION (Give kind of wi mast of warking life, even if retired	ork TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	infant		Paltimore, Md.	U.S.		
3. FATHER	SNAME		14. MOTHER'S MAIDEN NAME			
5, WAS D	Clarence Je ECEASED EVER IN U.S. ARM nknown), (If yes, give wor or do	ED FORCES? 16. SOCIAL	Diane Flinchum 17. INFORMANT	ADDRESS		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Clarence Jenkins - 118 Os	stend St. Baltimore		
1B.	1525 V	CAUSE	OF DEATH	INTERVAL BETWEEN		
,	DISEASE OR CONDITION I	DIRECTLY		ONSET AND DEATH		
/=1	LEADING TO DEAT	TH (A)	Interstitial pneumonitis			
neor	daes not mean the mode t failure, asthenia, etc. It mea y ar camplication which cause	ns the disease,				
Injur	y ar complication which caused	a deam.				
Dic	ANTECENDENT CAU	(B)				
RISE	TO THE ABOVE CAUSE (A)	STATING THE				
_	DERLYING CONDITION LAST	(C)		***************************************		
	II II					
₩ TO	ER SIGNIFICANT CONDITION THE DEATH BUT NOT F EASE OR CONDITION CAUSIN	RELATED TO THE				
19A. D		NDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE IN CERTIFYING CA			
UNDER	CAUSE WAS CLYING OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, o	in at about 21 C. WHERE DID (If in Boltimore City, ffice bldg., INJURY OCCUR?	give exact location)		
21 D TO	URY	WHILE AT THE NOT	21F. HOW DID INJURY OCCUR?			
22.		m. WORK LATW				
	I certify that I held on		opsy XX and that on this basis, death in			
	resulted from: Notural	ouses Accident Suicide		nner		
A	CTUAL	MINIT V	CHIEF MEDICAL EXAMINER	DATE SIGNED		
	GNATURE	July Chr Ling		0 10 66		
_	XAMINER'S AME (Type) RUDIO	GER BREITENECKER, M.D.	ASSOCIATE MEDICAL EXAMINER	8-10-66		
	AL CREMATION, 238 DATE	23C. NAME of CEMETERY 6		ity, town, or county) (State)		
A	urial Aug.15		metery Ritchie Hewy.	A.A.Co. Maryland		
24A. DATE	REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	NDO NESS		
	wag 1.8 1906	Polket E. Janker M.R.	George J. Gonce - 4001	Ritchie Hgwy.		
VC 161 De		- T		DET PRIMOLE & LO		



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

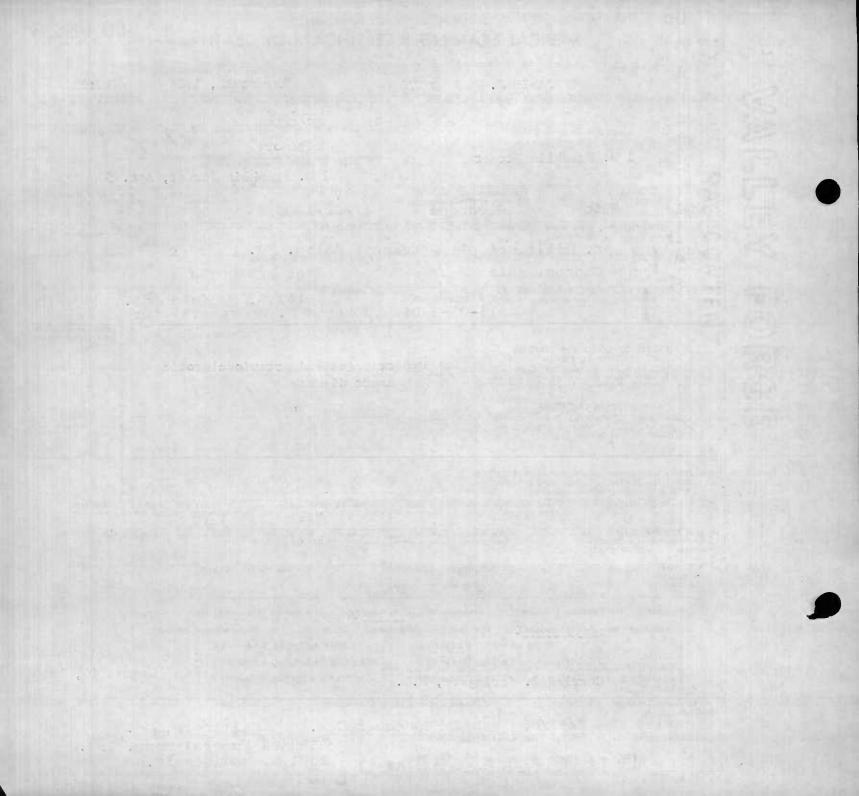




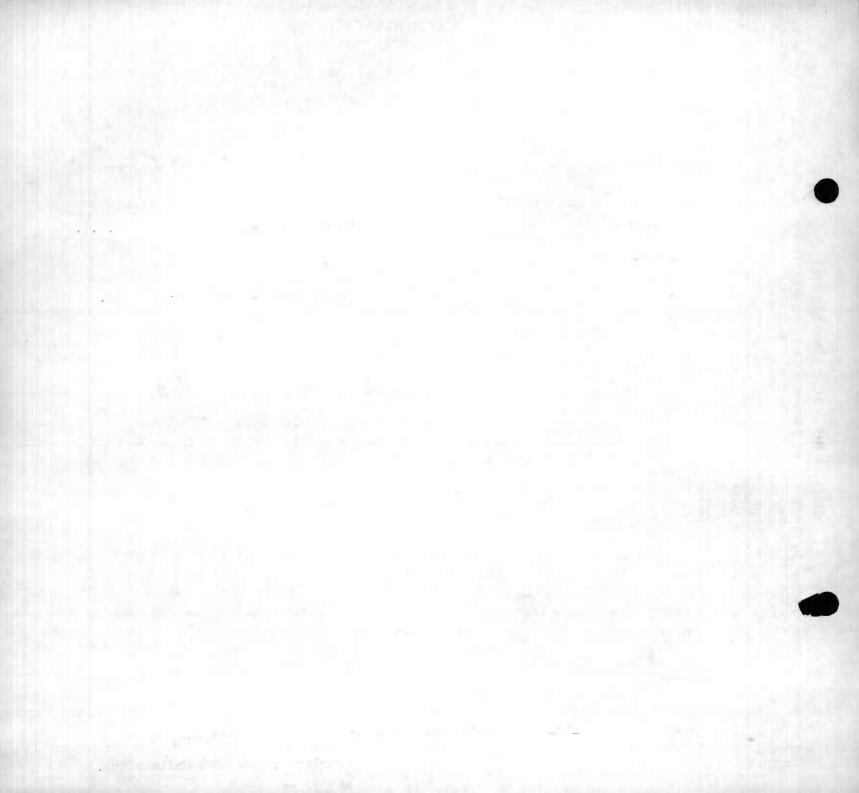
BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 08316

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
BENJAMIN J. GOETZ	August 13, 1966 12:13 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET INSTITUTION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
1 W. Franklin Street	D. STREET ADDRESS (If rurol, give locotion)
	1 W. Franklin Street, Apt. 504
5. SEX Male  6. RACE White  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) divorced	8. DATE OF BIRTH  11/22/1905  9. AGE (In years lost birthday)  11/22/1905  9. AGE (In years lost birthday)  60  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Linetype Opr. Mills.Fricell & Evan	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John George Goetz	Barbara Bothe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  215-01-3405	147 S. Robinson St., 24  Johanna B. Andrews, sister
IB. CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND BEATH
	tensive and arteriosclerotic
	eart disease
ANTECENDENT CAUSES	the street and the street of the street of the street of
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST,	
<u>e</u>	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. Condition for which Operation	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED YES
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C, WHERE DID (If in Boltimore City, give exact location)
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	WHILE
22. I certify that I held an Inquiry Inspection Au	ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suicid	de Homicide Undetermined manner
ACTUAL SIGNATURE Charles S. Jak M.D	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 14, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 8/17/66 Holy Redee	emer Cem. Baltimore, Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C FUNERAL DIRECTOR Funeral Home, ADDRESS Inc.
AUG 16 1966 17 12. 14. 9 Fredering	2601 E. Madison St.
VS 151-REV. 1/1/65	083.7



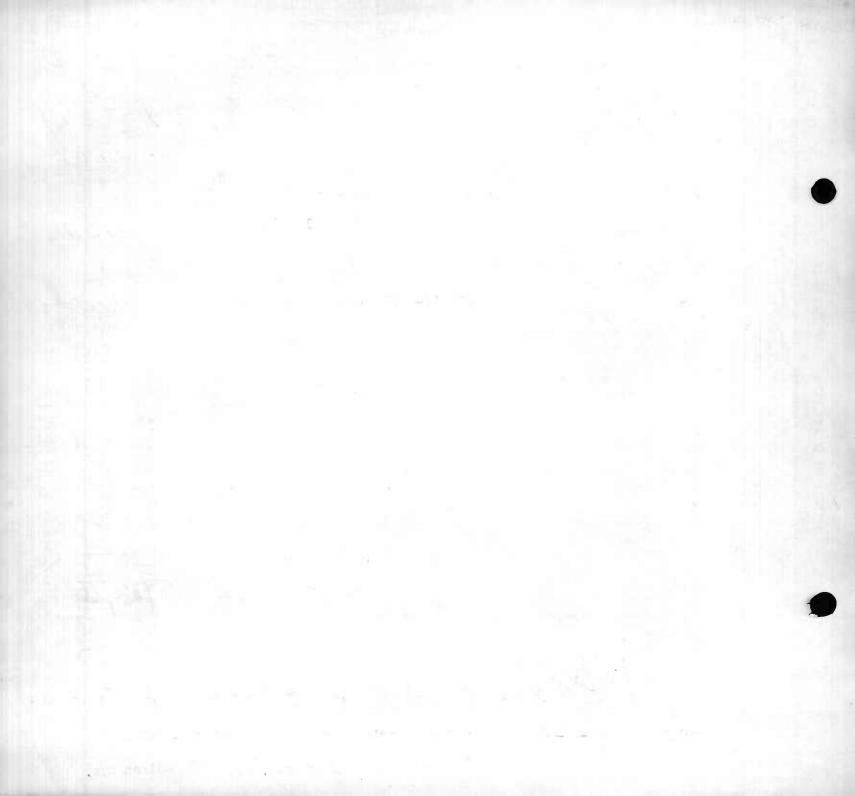
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DIRECTOR:

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00 000	1.0	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 110010
BIRTH NO. 66 083	19	CERTIFICA	TE OF DEATH	Registered Na.	66 08319
NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)  MACKT  PLACE OF DEATH IN BALTIMORE, MAI	IN. Ge	rtrude	8-1	2-66	12:25 A.
			4. USUAL RESIDENCE (Wh. A. STATE B. COU MARYLAND	ere deceased lived, If i	nstitution; residence before odmission
FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  Baltimore City Hospitals 4940 Eastern Avenue Balto, Md. 21224		C. CITY OR TOWN (If or BALTIMORE	utside city limits, with	RURAL and give town hip)	
		D. STREET ADDRESS (If rurol, give locotion) 2205 Allendale Rd. #21216			
FEMALE 6. RACE NEGRO	7. MARRIED, WIDOWEI	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  Old Age	10B. KIND OI	F BUSINESS OR INDUSTR		eign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Unknown			Unknown		
S. Was Deceased Ever in U. S. Armed Fara es,no orunknown) (If yes, give wor or dotes	es? of service)	SECURITY NO.	17. INFORMANT Records— BCH 49	940 Eastern	Ave., Balto Md.
18.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
LEADING TO DEATH		(A)	Bilateral Su	bdural	8 weeks
(This does not meon the mode of heart foilure, asthenio, etc. II meons			Hematon	as	
injury or camplication which coused	deoth.)				
ANTECEDENT CAUSES		DUE TO	***************************************		h Communia (mo hama oo
DISEASES OR CONDITIONS, if consists to the obove cause (A)		400			
UNDERLYING CONDITION last.	sioning ine	(C)	~~************************************		• • • • • • • • • • • • • • • • • • •
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1	TED TO TH	G IE			
19A. DATE OF OPERATION 19B. CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	OF THE STATE OF TH	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B hom elc.	ne, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		. INJURY OCCURRED  tile At  Not White  At Work		JURY OCCUR?	
22. I certify that (*) (this hospital)	attended t	he deceased fram	6-26	19 <u>66</u> to	8-12 1966
that (N (we) last saw the decease	d alive an	8-12	19 66 and t	hat In (my) (Nout) ap	fnian death accurred an the d
and haur and fram the causes state	ed abave. 7	(We) (did) (did-Kok)	view the bady after death.		
23A. SIGNATURE	1000	1			23B. DATE SIGNED
Havid	Must	hellerch M.D. At	lending Med. Director	Stoff Inter	n 8-12-66
23C.PHYSICIANS NAME (Type) David J.	Mishe	elevich M.D.	23D. ADDRESS Baltimore (		tern Ave Baito Md.
4A. BURIAL CREMATION, 24B. DATE	24C. N.	AME of CEMETERY of CI	REMATORY 24D. I	LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)				A County	Md
Burial 8/16/66 5A. DATE REC'D BY HEALTH DEPT.	25B. NAME	Calvary Co	25C. JUNERAL DIRECTO	2. 5041103	ADDRESS
AUG 1 8 1966	00	A 0 7 0	A Halst	ead 1206	W North Ave

B-530 BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT

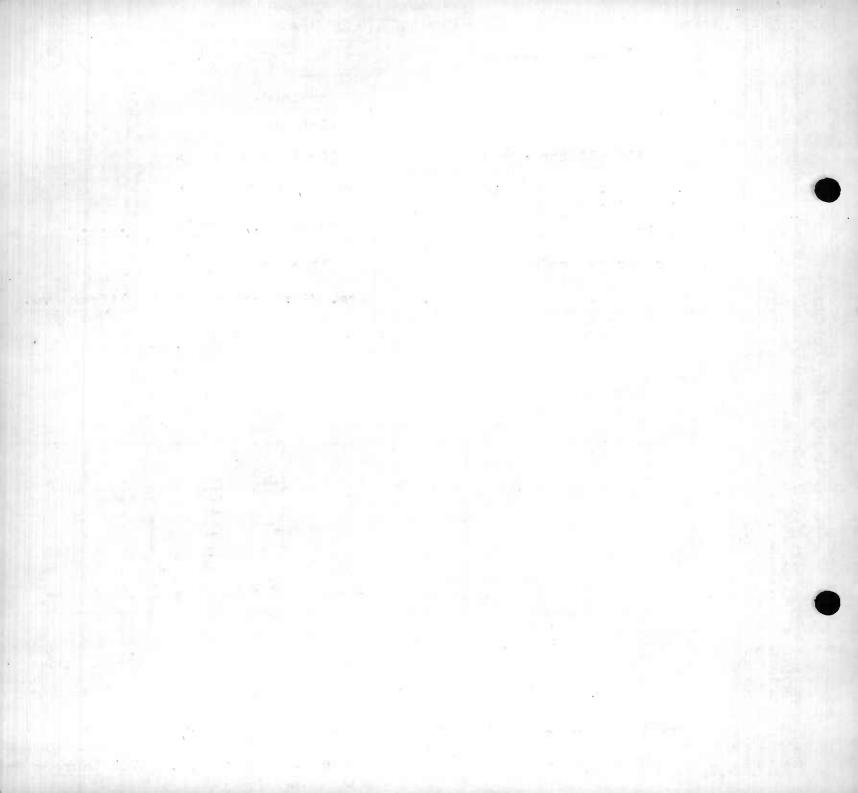
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 08320

M.E. CASE NO.							
1. NAME OF DECEASED					D HOUR PRONOUNC	ED DEAD	10.05.
JOHN		BOND		-	st 11, 1966		10:35 P M.
3. PLACE IN BALTIMORE, MARYLA			4. USUAL RESID	ence (Where	deceosed lived. If inst	itution: resid	ence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
1718 Brentwood	l Avenue		D. STREET ADD	RESS (If rurol,	give locotion) twood Avenue	2	
5. SEX 6. RACE Male Negro	7. MARRIED, NEV WIDOWED, DIVO	RCED(specify)	B. DATE OF BIRT	н	9. AGE (In years lost birthday) 55		Yr. If Under 24 Hrs. Days Hours Min.
10A, USUAL OCCUPATION (Give kind done during most of working life, even if the Laborer			Maryla	nd		V U	S A
Steven Bond			Frances				
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give wor		ECURITY NO.	Mr Andr	ew Bond	2214 Gree	nmount	
VA 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	DEATH  ode of dying, e.g., meons the disease, oused deoth.)  CAUSES  S, IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTING OT RELATED TO THE AUSING IT.  3. CONDITION FOR WHICH AS PERFORMED  21B. PLAC home, for	(B) DUE TO  (C)	in or about 21C. Vooffice bldg., INJURY	? (Yes or No) 2S VHERE DID OCCUR?	208, IF YES, WERE FI IN CERTIFYING CAU	SES OF DE	Yes
OF INJURY (APPROX.)	(Year) (Haur) 21 E. 1 WHILI	NJURY OCCURRED	WHILE 21F. HO	TENI DID WC	JRY OCCUR?		
22. I certify that I held resulted fram: Natu ACTUAL SIGNATURE EXAMINER'S NAME (Type) Cha:		Sulci	de Hamici CHIEF M	de U EDICAL EX EDICAL EX	AMINER X		DATE SIGNED 8/12/66
23A. BURIAL CREMATION, 23B. D. REMOVAL (Specify)	18/66 Mt	Calvary	Cemetry	A	A County	Md	
24A. DATE RECORD HEALTH DEP	C A A A A	ECHLEMAN		lphus	Halstead 1		North Av
VS 151-REV. 1/1/65	1 7 0		8 0	1-0 W			1

VS 150-REV. 1/1/65

BIRTH NO.	66 0832	BALTIMORE CIT		66 08321	
M.E. CASE NO.	00 0000	CERTIFICA	ATE OF DEATH Registered No.		
I. NAME OF DE	CEASED		2. DATE AND HOUR OF DEATH		
(Type or Print)	Martha B	rodnax	8- 14-16	1 11 30/2	
3. PLACE OF D	EATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where decessed lived. If institution	residence before odmis	
			A. STATE B. COUNTY	( 1) LI	
FULL NAME		i institution, give street	Maryland /	2 - 0 -	
HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL end give tewnship)		
			Baltimore		
			D. STREET ADDRESS (If rurel, give locotien)		
2	2110 Clifton	Avenue	2119 Clifton Avenue		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED		nder 1 Yr. If Under 24	
F.	N.	WIDOWED, DIVORCED (specify) Widow	Dec 12, 1881 84	ns Doys Heurs M	
IOA USUAL OC				ITIZEN OF	
	ef werking life, even if retired)		V	WHAT COUNTRY?	
Reti			Brunsy Co., Virginia	J.S.A.	
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME		
Fre	ederick Brodu	234	77.7 7 7		
	ederick Brodi		Ellen Brodnax	223800 A	
(Yes, ne er unknov	vn) (If yes, give wor or detes	ef service) 1 6. SOCIAL SECURITY NO.		ADDRESS	
		214-537	Mrs. Clara Staton 2110 (	Clifton Ave	
1B. 1/4	/ 2 V 1	CAUSE	OF DEATH	INTERVAL BETWEEN	
DISE	ASE OR CONDITION DIRE	ECTLY	1 1. 10.	ONSET AND DEATH	
	LEADING TO DEATH	44	yenterive C.V. Disease	15 ux	
	not meon the mode of		poures - V. Mulles	113.	
	e, osthenio, etc. It meons		( , . ) ·	30 0 1	
11,101,7 01 00		/B)	arteriosclerosis	2045	
	ANTECEDENT CAUSES	DUE TO	go war got a see for left left left, and left left left left left left left left		
DISEASES	OR CONDITIONS, if o	4 45 41			
	NG CONDITION lost.	stoting the (C)	***************************************	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11	-			
OTHER SIGN	II NIFICANT CONDITIONS CO	ONTRIBUTING			
E TO THE	DEATH BUT NOT RELATE CONDITION CAUSING IT.	TED TO THE			
19A. DATE O	OF OPERATION 1198, COND	OITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er Nei) 20B. IF YES WERE FINDING	GS CONSIDERED	
19A. DATE C	OF OPERATION 198. COND	OTTION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?	
21A. ACCID	WAS PERFO	ORMED			
U 21A. ACCID	ENT WAS UNDERLYING DEUTING CAUSE OF	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street,	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES Of the effice bldg., INJURY OCCUR?		
OR CONTRIE	WAS PERFO	218. PLACE OF INJURY(e.g., heme, lerm, fectory, street, etc.)	in er obout 21 C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?		
OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF	218. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.)  (Heur) 21E. INJURY OCCURRED	in er obout 21 C. WHERE DID (If in Bettimore City,		
OR CONTRIE	WAS PERFO	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  White At Net Wh	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?		
21A. ACCID OR CONTRIE DEATH (nefi	WAS PERFORMAN WAS UNDERLYING DEUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)	(Heur) 218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At At Work	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?	give exoct locelien)	
21A. ACCID OR CONTRIE DEATH (nefi 21D. TIME OF INJURY (APPROX.) 22. I certif	WAS PERFO ENT WAS UNDERLYING DUTING CAUSE OF fy medicol exominer)  (Menth) (Dey) (Yeer)	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net Wh Werk  attended the deceased fram	in er obout 21 C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	give exoct locelien)	
21A. ACCID OR CONTRIE DEATH (nefi 21D. TIME OF INJURY (APPROX.) 22. I certif	WAS PERFO ENT WAS UNDERLYING DUTING CAUSE OF fy medicol exominer)  (Menth) (Dey) (Yeer)	(Heur) 218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At At Work	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?	give exoct locetien)	
21 A. ACCID OR CONTRIB OR CONTRIB OR CONTRIB OF INJURY (APPROX.)  22. I certif that (I) (we	WAS PERFORMAN WAS PERFORMAN WAS UNDERLYING DEUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  Ty that (I) (this hospital)  a) last saw the deceased	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  White At Net Wh Werk At Work  attended the deceased from	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	give exoct locetien)	
21 A. ACCID OR CONTRIB OR CONTRIB OR CONTRIB OF INJURY (APPROX.)  22. I certif that (I) (we	WAS PERFORM ENT WAS UNDERLYING DEUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  (y that (I) (this hospital)  e) last saw the deceased and from the causes state	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net Wh Werk  attended the deceased fram	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinian deview the bady after death.	give exoct locetien)	
21 A. ACCID OR CONTRIB OR CONTRIB OR CONTRIB OF INJURY (APPROX.)  22. I certif that (I) (we and hour ai	WAS PERFORM ENT WAS UNDERLYING DEUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  (y that (I) (this hospital)  e) last saw the deceased and from the causes state	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At Net Wh At Work  attended the deceased fram  d olive an 7 - 25 - ed above. (I) (We) (did) (did nat)	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinian deview the bady after death.	give exoct locetien)  2 5 - 19 6  eoth accurred an the	
ZIA. ACCID OR CONTRIB DEATH (nefi DEATH (n	WAS PERFORMAN WAS UNDERLYING DEUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  Ty that (I) (this hospital) as last saw the deceased on from the causes state of the cause of the causes state of th	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At Net Wh At Work  attended the deceased fram  d olive an 7 - 25 - ed above. (I) (We) (did) (did nat)	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinian de view the bady after death.  238. Director Phys	give exoct locetien)  2 5 - 1966  eoth accurred an the	
21A. ACCID OR CONTRIB OR CONTRIB OR CONTRIB OF INJURY (APPROX.)  22. I certif that (I) (we and hour ai	was PERFO ENT WAS UNDERLYING DEUTING CAUSE OF fy medicol exominer)  (Menth) (Dey) (Yeer)  y that (I) (this hospital) b) last saw the deceased and from the causes state fure  Fure Wal	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At Net Wh At Work  attended the deceased fram  d olive an 7 - 25 - ed above. (I) (We) (did) (did nat)	in er obout 21C. WHERE DID (If in Bettimore City, effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	give exect locetien)  2 5 - 19 6  eoth accurred an the  ATE SIGNED  - 15 - 66	
21A. ACCID OR CONTRIB OR CONTRIB OR TONTRIB	was PERFO ENT WAS UNDERLYING DEUTING CAUSE OF fy medicol exominer)  (Menth) (Dey) (Yeer)  y that (I) (this hospital) b) last saw the deceased and from the causes state fure  Fure Wal	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur) 21E. INJURY OCCURRED  While At Net Wh At Work  attended the deceased fram  d olive an 7 - 25 - ed above. (I) (We) (did) (did nat)	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that In(my) (aur) opinian device the bady after death.  19 6 ADDRESS  23B. ADDRESS	give exect locetien)  2 5 - 19 6  eoth accurred an the  ATE SIGNED  - 15 - 66	
Z1A. ACCID OR CONTRIB	WAS PERFORMAN WAS PERFORMAN WAS UNDERLYING DATE  BUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  Ty that (I) (this hospital)  a) last saw the deceased on from the causes state  (TURE)  PERCLUA  REMATION, 1248, DATE	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net Wh At Work  attended the deceased fram  ed above. (1) (We) (did) (did nat)	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinian de view the bady after death.  18 Med. Director Stoff Phys. 23D. ADDRESS 1709 GWYNNS Fells Phys.	give exect locetien)  2 5 - 1966  eoth accurred an the  ATE SIGNED  - 15-66	
Z1A. ACCID OR CONTRIB	was PERFO  ENT WAS UNDERLYING  BUTING CAUSE OF fy medicol exominer)  (Menth) (Dey) (Yeer)  (y that (I) (this hospital) e) last saw the deceased and from the causes state  (TURE)  (Type) Percual  (REMATION, 248. DATE (Specily)	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net Wherk  At Work  dollve an 7 - 25-  ed above. (I) (We) (dtd) (did nat)  C. Smith M.D. At Ph  24C. NAME of CEMETERY of Ci	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinion do view the bady after death.  23B. Director Stoff Phys. 8  23D. ADDRESS 1709 GWYNNS Fells Phury  REMATORY 24D. LOCATION (City, town	give exect locetien)  2 5 - 19 - 6  eoth accurred an the  ATE SIGNED  1 - 15 - 66  1 Balk', Ma	
21A. ACCID OR CONTRIB	was PERFO  ENT WAS UNDERLYING  BUTING CAUSE OF fy medical examiner)  (Menth) (Dey) (Yeer)  (y that (I) (this hospital) e) last saw the deceased and from the causes state  (TURE)  (Type)  Percual  REMATION, (Specily)  1 248. DATE (Specily)  8-18-6	218. PLACE OF INJURY (e.g., heme, ferm, fectory, street, etc.)  (Heur)  21E. INJURY OCCURRED  While At Net When At Work  At Work  dollve an 7 - 25 - ed above. (I) (He) (did) (did nat)  C. Smith M.D. At Ph  24C. NAME et CEMETERY et Cit	in er obout 21C. WHERE DID effice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6 and that in(my) (aur) opinion do view the bady after death.  23B. Director Stoff Phys. 8  23D. ADDRESS 1709 GWYNNS Fells Phury  REMATORY 24D. LOCATION (City, town	give exect locetien)  2 5 - 1966  eoth accurred an the  ATE SIGNED  - 15 - 66  1 Balk', Ma	

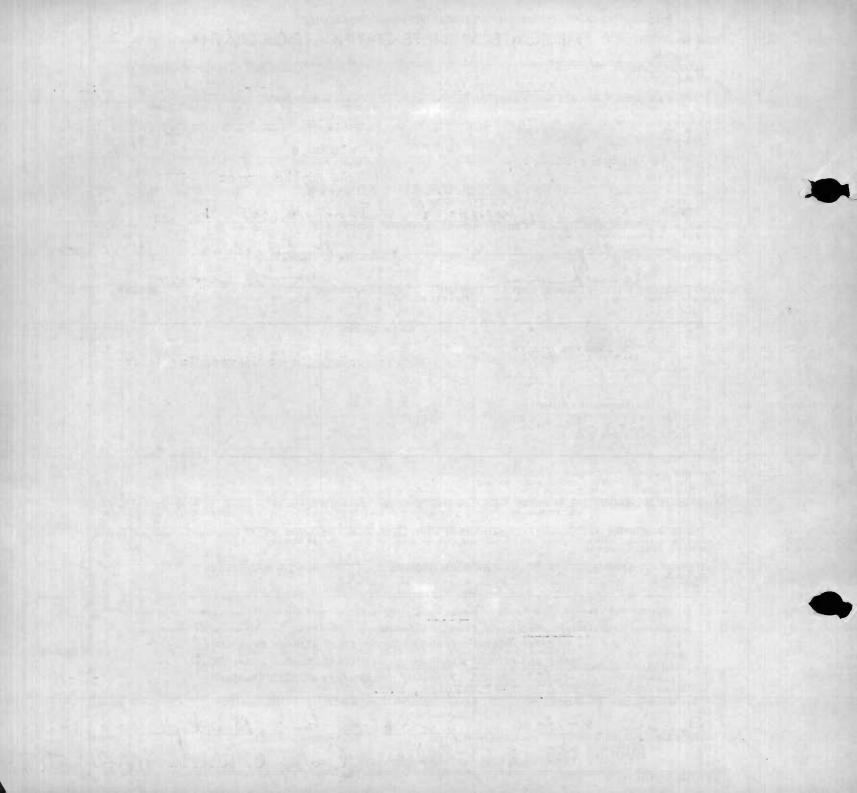
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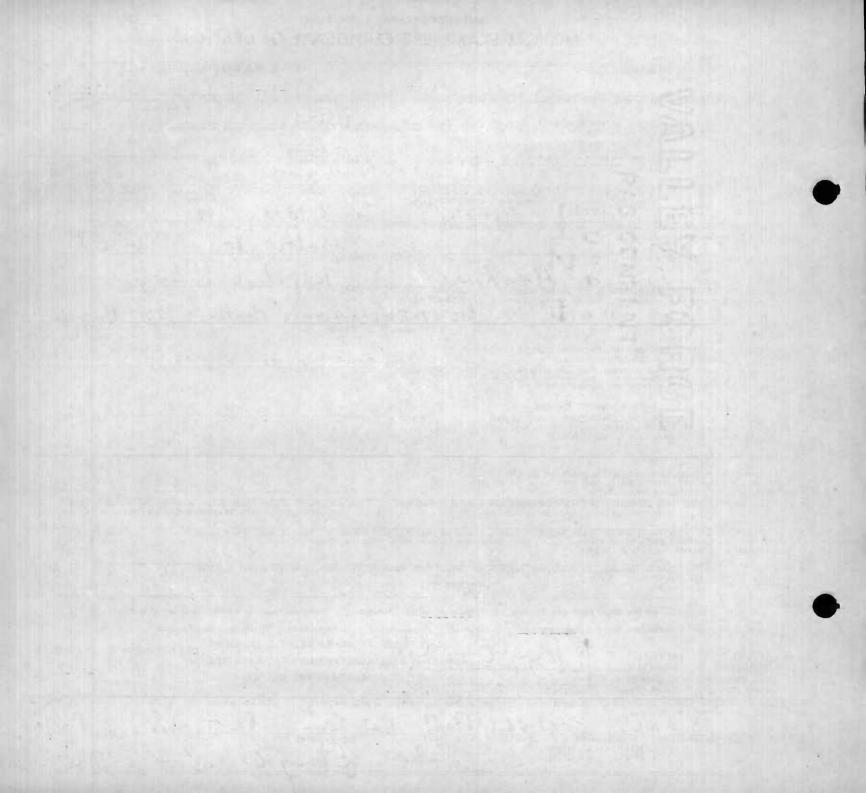


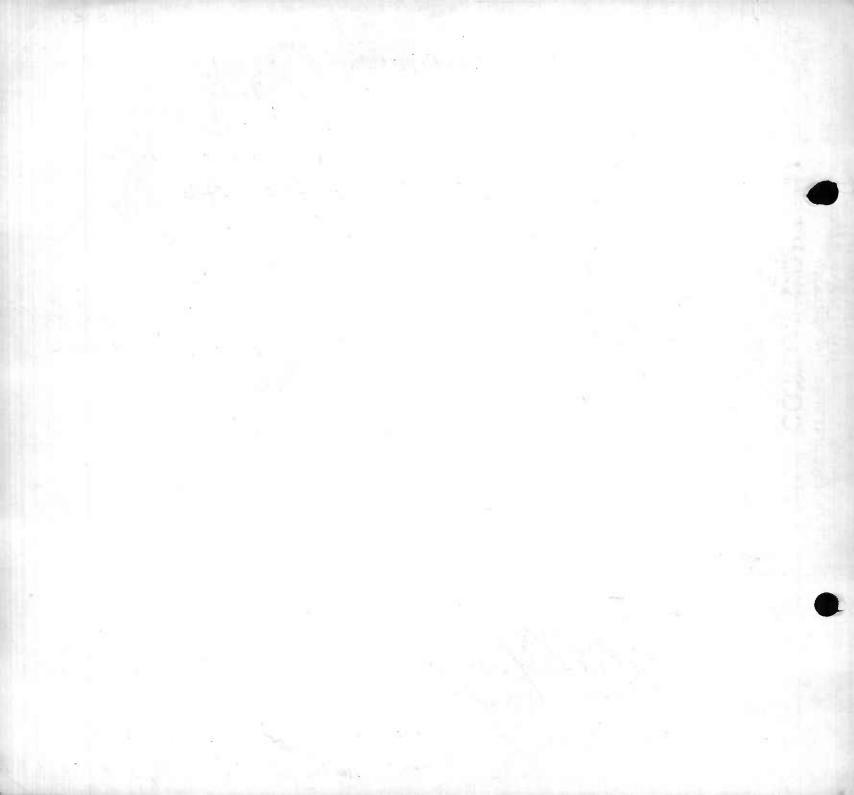
MEDICAL	EXAMINER'S	RTIFICATE OF DEATH Registered No.
		2. DATE AND HOUR PRONOUNCED DEAD

M.E. CASE NO.				
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD		
HATTI	E McADOO	8-9-66 3:15 P. M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	R INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
1240 Edythe Street		Baltimore D. STREET ADDRESS (If rurol, give locotion)		
		1240 Edythe Street 21202		
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If	Under 24 Hrs.	
Female Colored	OWED, DIVORCED(specify)	June 1885 85 Months Doys H	lours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B.				
done during most of working life, even if retired)		W CANAL WHAT COUNT	A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-60	
Uhr	~	Unknow		
15. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no or unknown) (If yes, give wor or dotes of state of the state		17. INFORMANT ADDRESS	Rail Sa	
1B.	CAUSE		AL BETWEEN	
DISEASE OR CONDITION DIRECT	LY		AND DEATH	
LEADING TO DEATH (This does not meen the mode of dying	(A) Arter	riosclerotic cardiovascular disease		
heart failure, asthenia, etc. It means the a	disease,			
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY,	GIVING DUE TO			
RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE			
Z	(C)			
II II				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION				
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE	FD.	
WAS PERFORM		NO IN CERTIFYING CAUSES OF DEATH?		
₹ 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)		
UTING CAUSE OF DEATH.	home, form, foctory, street, o	ouce order INTOKA OCCORS		
21D TIME (Month) (Doy) (Year) (H	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)	MHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE		
22. I certify that I held on Inquir				
resulted from: Natural couses				
Teseried Heim Harder Cooses,	Accident 5 solicide	CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	tury y M.D.		SIGNED	
EXAMINER'S	BREITENECKER, M.D	ASSOCIATE MEDICAL EXAMINER 8-1	0-66	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY O		(Stote)	
Purite 8-15-6	6 M.T. CO	- Lusar Cent Brooksda	mol.	
AUG 16 1956	But E. Fabruan	24C. FUNERAL DIRECTOR ADDRESS	to	
VS 151-REV. 1/1/65	7 -0 0 0 0	Control C. Water / (0) span	- orey fr	



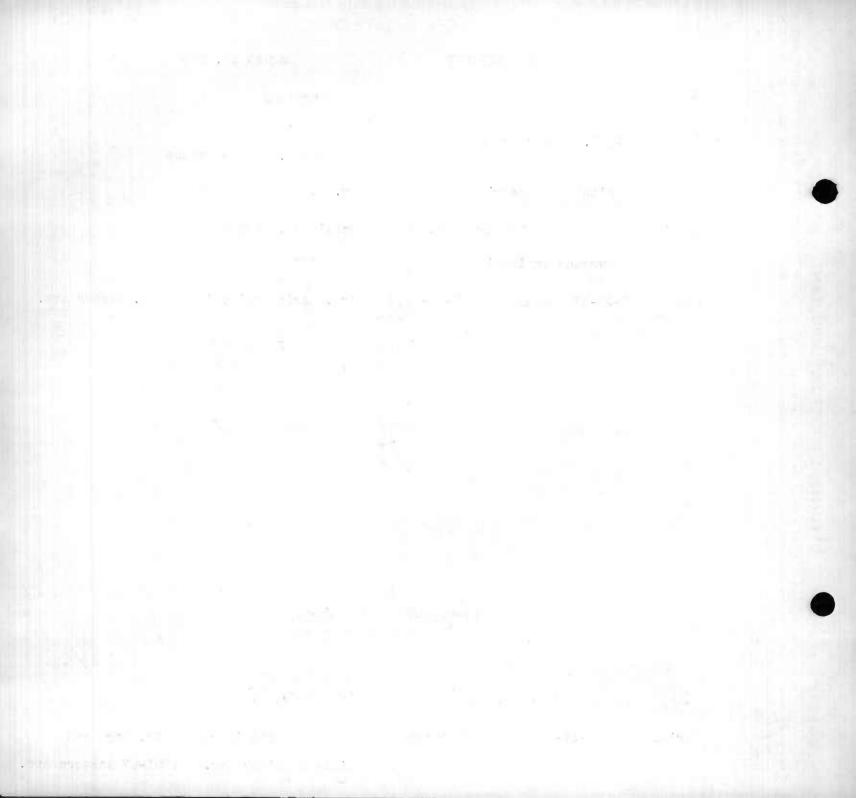
1	BALTIMORE CITY HEALTH DEPARTMENT 66 US324
# 252	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD
	ROBERT HAWKINS 8-14-66 12:30 P. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	Maryland
46	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	LUTHERAN HOSPITAL - DOA  Baltimore  D. STREET ADDRESS ((f rurol, give locotion))
	744 Poplar Grove Street
79	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.
	Male Colored Separated Jan 4, 1898 68
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  done during-most of working life, even if retired)
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	En illa tina Tread Charl
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.  105  120  120  120  120  120  120  120
	118. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease
	(This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING (B)
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO    ✓   2] A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	UNDERLYING OR CONTRIB- CAUSE OF DEATH.    O
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.)  m. WHILE AT NOT WHILE AT WORK
	22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion
	resulted fram: Nat <u>ural causes Accident Sulcide Homicide</u> Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER A
	EXAMINER'S NAME (Type) RUDIGER BREITENECKER, M.D. ASSOCIATE MEDICAL EXAMINER 8-15-66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burne 8-17-66 Balte. Not. Com. Baltimore M.A.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	AUG 16 1966 Robert E. Farbeyma Choway D. W. Le- 1000 Brantley 1
	VS 151-REV. 1/1/65





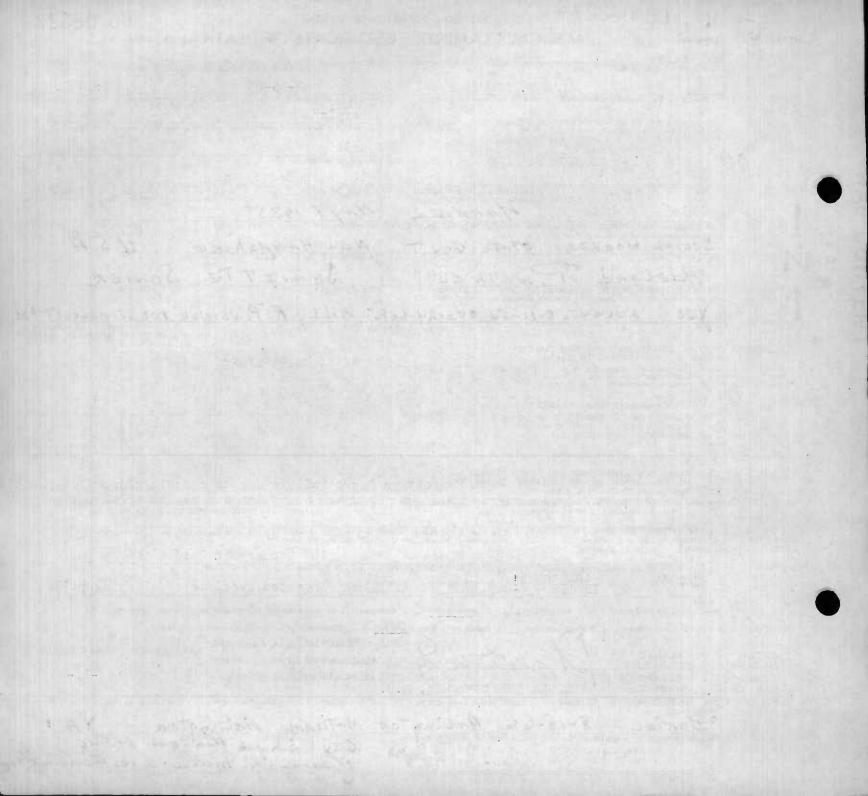
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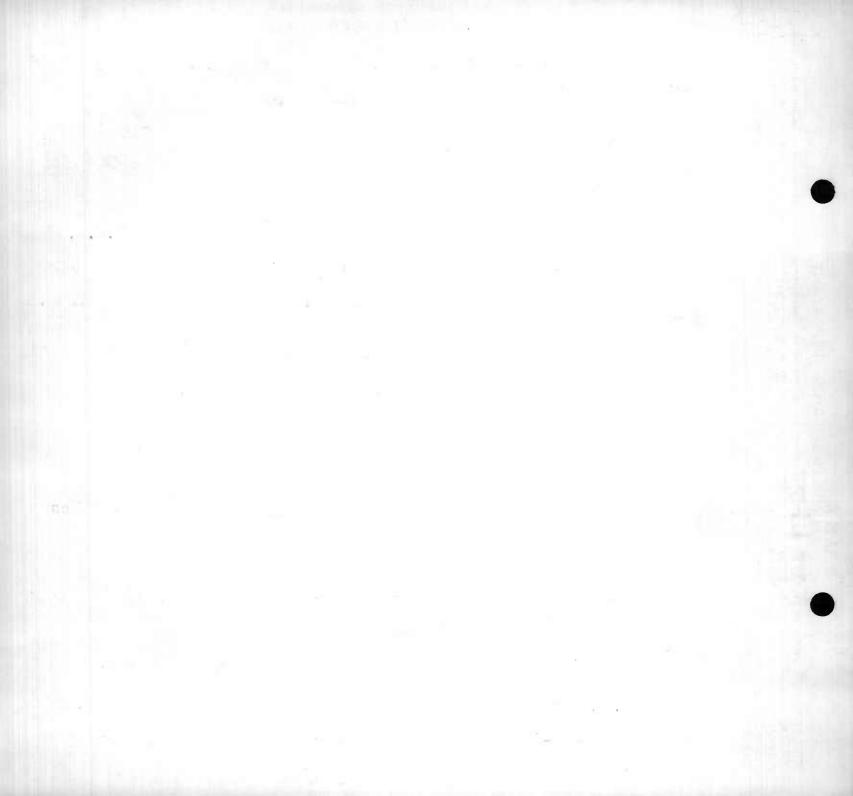
BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

66 US327 BALTIMORE CITY	Y HEALTH DEPARTMENT 66 08327						
RTH NO. MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.						
LE CASE NO.							
NAME OF DECEASED ype or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
ALAN E. PINSINCE	8-15-66 7:30 A. M.						
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
	Mary land						
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits wite RURAL and give township)						
STITUTION							
100 GEOMECDOEE DOAD	D. STREET ADDRESS (If ruiol, give locotion)						
108 STONECROFT ROAD							
	108 Stonecroft Road						
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)							
Male White MARRIEL	MAY 8 1935 31						
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN							
ne during most of working life, even if retired)	WHAT COUNTRY						
SOCIAL WORKER STATE GOU'T	T. NEW HAMPShire U.S.A.						
FATHER'S NAME							
HOELARD INSINCE	WEANETTE SONIER						
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS						
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.							
VES. 2-26-5470 8-11-54 003-24-							
1B.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	OTTO STATE						
LEADING TO DEATH	Overdose of barbiturate						
(This does not meon the mode of dying, e.g., DUE TO	OVERGOSE OF DAIDICGRACE						
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
TO THE DEATH BUT NOT RELATED TO THE Congest	tive heart failure due to chronic glomerulonephr						
DISEASE OR CONDITION CAUSING IT.							
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
	No						
21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY UNDERLYING NOR CONTRIB-	Y (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?						
UTING CAUSE OF DEATH.	108 Stonecroft Road						
OF INJURY Between 6:30							
(APPROX.) 8 15 166 7 00 WHILE AT WORK	NOT WHILE X Ingested overdose of sleeping pills						
72.							
resulted from: Notural couses Accident Suicide Homicide Undetermined manner							
CHIEF MEDICAL EXAMINER							
ACTUAL A	DATE SIGNED						
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER X						
EXAMINER'S DIPLOTED PROTECTION	ASSOCIATE MEDICAL EXAMINER 8-15-66						
NAME (Type) RUDIGER BREITENECKER,							
	SETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
EMOVAL (Specify)	to Mating Dal +						
	TON NATIONAL HALington YA.						
4A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	GEO. L. Schwab Anderal Home						
AUG 1 6 1966 Robert E. Jake	1 2 9:00 2 10 Day						
TO TO THE PROPERTY OF THE PROP	Trances N. Inew 2 101/100						

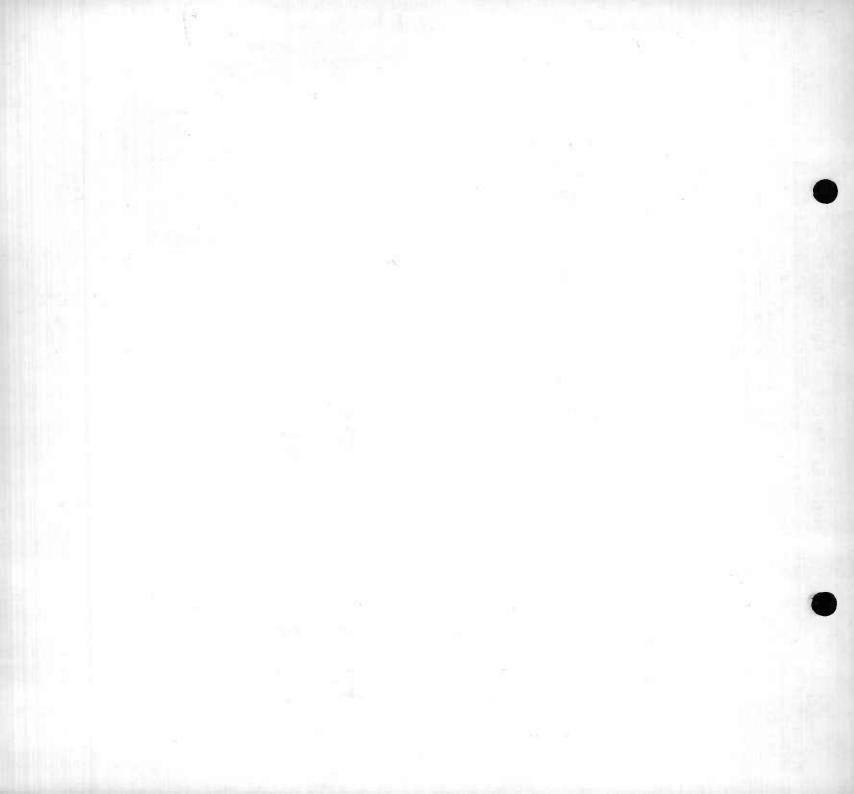




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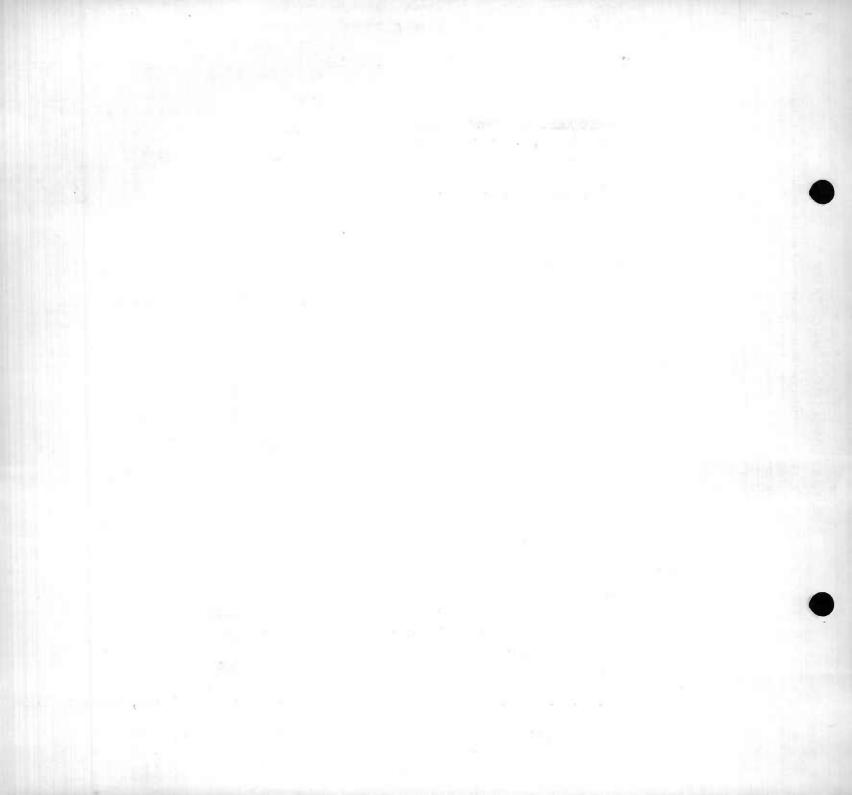
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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD DANIEL BOONE August 13, 1966 10:50 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locotion) John Hopkins Hospital Arncliffe Road 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. 6. RACE B. DATE OF BIRTH 9. AGE (In years 5. SEX lost birthday Months | Doys | Hours , Min. WIDQWED, DIVORCED (specify) Male White Never Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Strescon (onst. Maruland. Laborer. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wilson ( Boone Etta M. Grow ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL SECURITY NO. 17. INFORMANT (Yes, pp or unknown), (If yes, give wor or dates of service) 218 42 8480 Wilson (. Boone 957 Arncliffe Road No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH Multiple lacerations of face, and DISEASE OR CONDITION DIRECTLY blunt injuries of head and abdomen LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED Facial lacerations IN CERTIFYING CAUSES OF DEATH? 8-13-66 Z 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? Beltway at Kennedy Expressway highway 21F. HOW DID INJURY OCCUR? Passenger in auto that 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) of injury (APPROX.) August 13,1966 4:05A WHILE AT NOT WHILE struck rear of another auto Autopsy and that on this basis, death In my opinion I certify that I held an Inquiry Inspection Homicide \_\_\_ Undetermined monner resulted from: Notural causes Accident V Suicide CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE August 14, 1966 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION. 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) 23B. DATE REMOVAL (Specify) Baltimore National (en. Baltimore, Maryland Burial ADDRESS 24A, DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

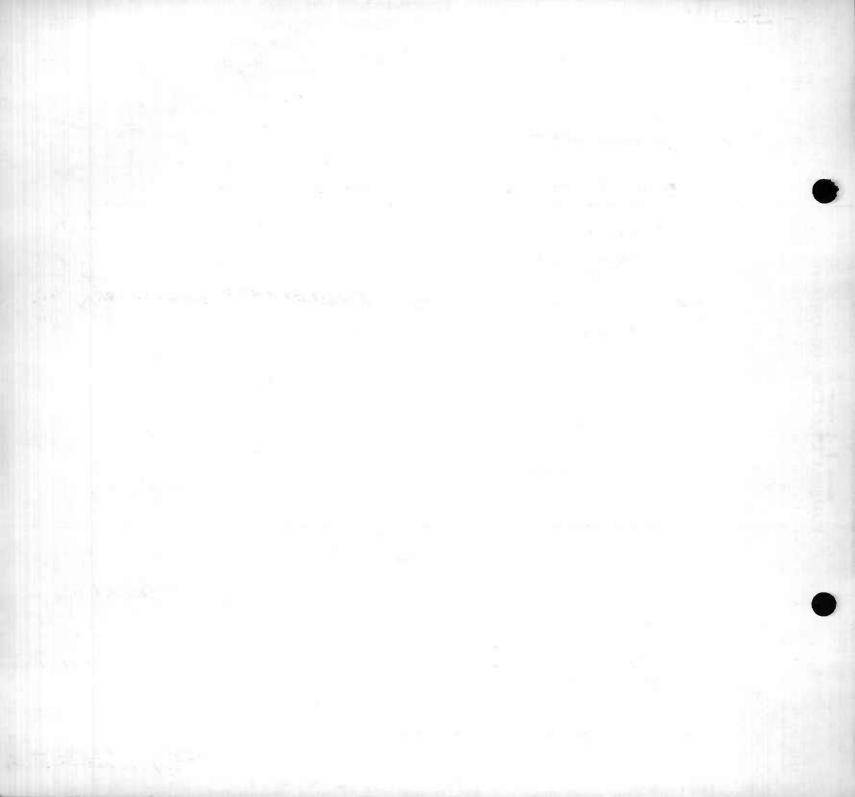
Laborer Street Coat. Co. Surpland

Cita . Grow

218 42 8430 Wilson C. Good 957 Hundilla Port

VS 150-REV. 1/1/65

Registered No. 2. DATE AND HOUR OF DEATH 10 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE 8, COUNTY (If autside city limits, write RURAL and (If rural, give location) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days last birthday) Hours 2. CITIZEN OF WHAT COUNTRY MCLURE ADDRESS SEVERNA PARK INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) ond that in (my) (aur) opinion deoth occurred on the dote 23B. DATE SIGNED Staff 24D. LOCATION (City, town, or county)



VS 150-REV, 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

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	66 08336		BALTIMORE CITY HEAD	LTH DEPARTMENT		61	6 08336	
BIR	TH NO. MED	ICAL EX	KAMINER'S C	ERTIFICATE	OF DEATH R	egistered No	0 00000	
M.	E CASE NO.							
l.	NAME OF DECEASED			2. D	ATE AND HOUR PRON	OUNCED DEAD		
117		GARET	BRCKWITH	8-	-15-66		15:44 A. M.	
	PLACE IN BALTIMORE, MARYLAND, W		UNCED DEAD  UTION, GIVE STREET	4. USUAL RESIDENCE A. STATE Maryland	E(Where deceased lived.	B. COUNTY	idence before odmission)	
HO	SPITAL OR ADDRESS OR LOCA	ΑΠΟΝ)		Baltimore	(If outside corporate limit	s, write RURAL o	ond give township)	
0	35 E. 25th Str	reet			(If rural, give location)			
				35 E. 25th		1		
5. 5	6. RACE		DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In last birthdo)		or 1 Yr. If Under 24 Hrs. Doys   Hours   Min.	
T	Female White		rried	June 21, 19	17 49			
	. USUAL OCCUPATION (Give kind of wor			Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ		
	e during most of working life, even if retired)	1000		Manual and			AT COUNTRY?	
12	Housewife FATHER'S NAME			Maryland	N N AAAF		U.S.	
			Ida Eli					
Mr. Robert Wm. Goss  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service)  SECURITY NO.			17. INFORMANT		ADDRES	Baltimore		
	No				C. Beckwith	- 35 E. 2		
	18.		CAUSI	OF DEATH			ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH	(	(A) Ho	dgkin's Dise	ase			
	(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	ANTECENDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
z	(c)							
은	11	II .						
1	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTI	NG					
문	TO THE DEATH BUT NOT RELATED TO THE							
RI	DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, CONDITION FOR WHICH OPERATION   20A, AUTOPSY? (Yes or Not   20B, IF YES, WERE FINDINGS CONSIDERED							
CERTIFICATION	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
4	NO 21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)							
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?							
Σ	21D TIME (Month) (Doyl (Yeor) (Hourl 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	OF INJURY (APPROX.)  WHILE AT NOT WHILE TO NOT WHILE TO NOT WHILE TO NOT WORK							
	22.   Certify that I held on Inquiry   Inspection   Autopsy   ond that on this basis, death In my opinion							
	resulted from: Notural couses X Accident Suicide Hamicide Undetermined monner							
	CHIEF MEDICAL EXAMINER						DATE SIGNED	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X						07.20.00	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER						8-15-66	
		GER BRI	EITENECKER, M.					
	BURIAL CREMATION, 23B DATE		C. NAME OF CEMETERY		23D. LOCATION	(City, town, or	countyl (Stote)	
KE		7066	Class Harris M.	mand of Deals	Da Anha II		0. 1/4	
24/	Burial Aug. 17		Glen Haven Me	24C. FUNERAL D		/. , A.A.	ADDRESS	

VS 151-REV. 1/1/65

George J. Gonce - 4001 Ritchie Hgwy., Balto.

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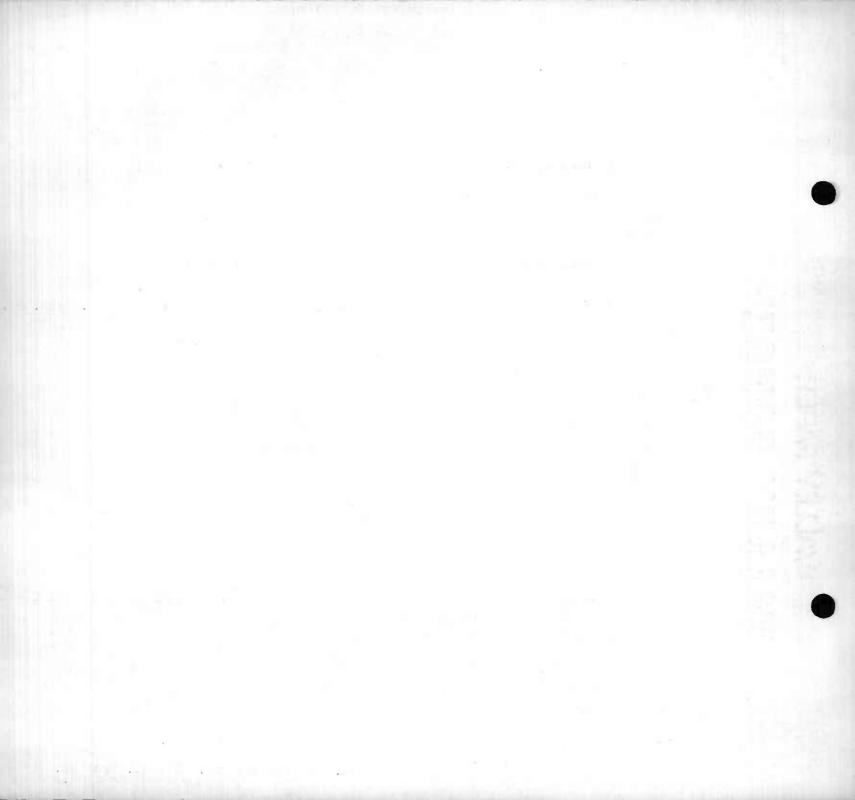
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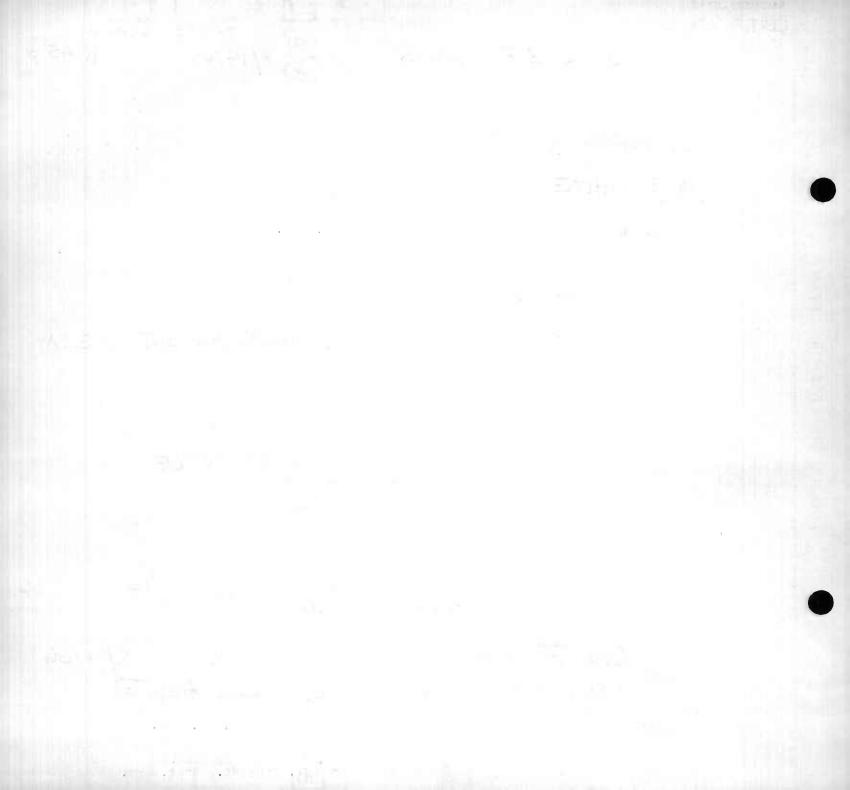
IMPORTANT

DIRECTOR:

FUNERAL

2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; residence before admission) (If outside city limits. (If rural, give Ideation 9. AGE (In veors If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA Haddie Clendenning ADDRESS Dorothy Whiteford 2804 Cheswalde Rd. Balt. Md. INTERVAL BETWEEN ONSET AND DEATH Hyperteuren aduntron EV Disen 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (our) opinion death occurred on the date 23 B. DATE SIGNED Pittsburg, Pa. ADDRESS Cook Brooks Inc. 1217 St. Paul St. VS 150-REV. 1/1/65





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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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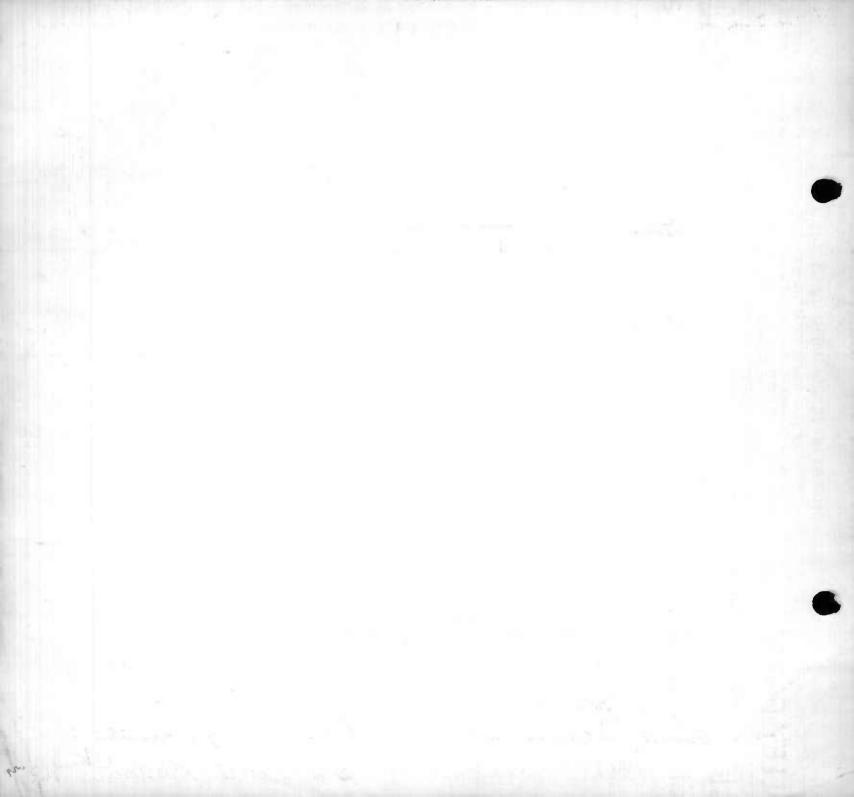
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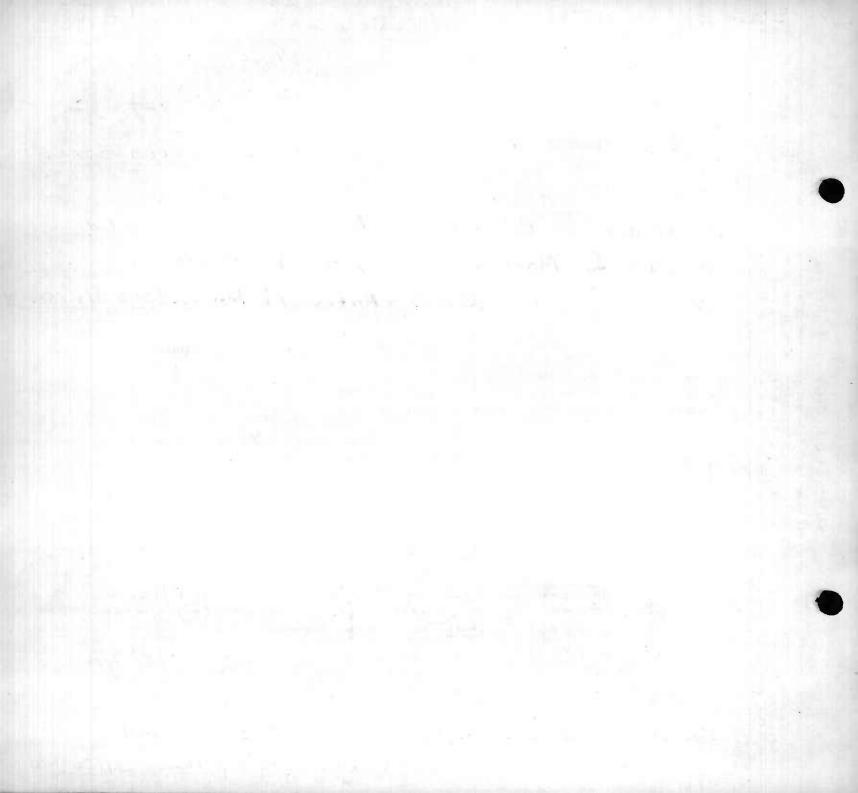
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

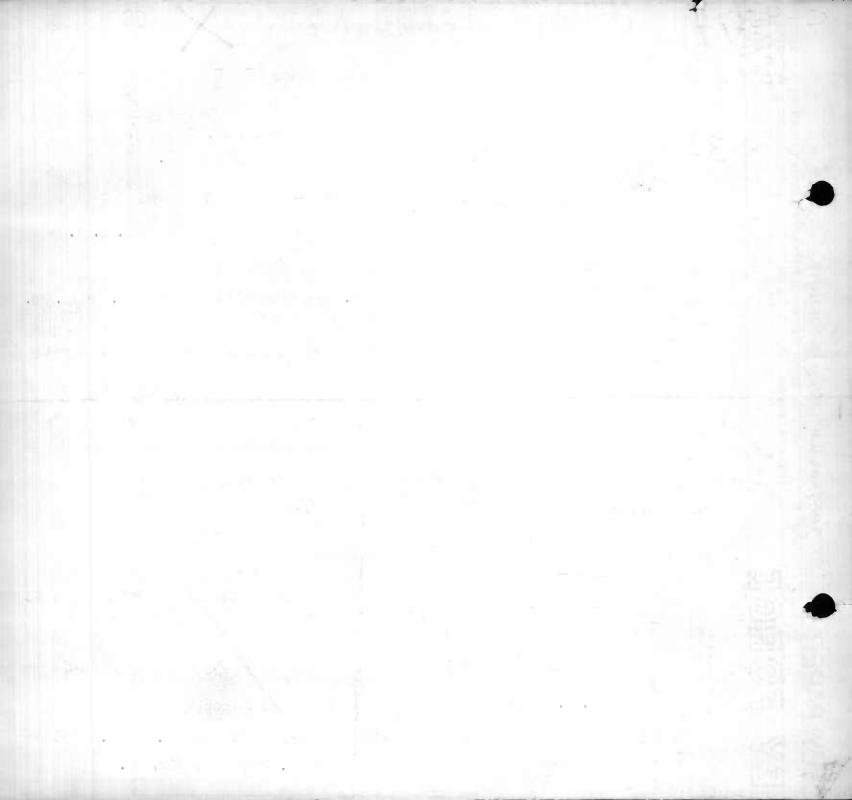
M.E. CASE NO.									
1. NAME OF D	ECEASED				2. DATE AND	HOUR PRONOUN	CED DEAD		- 18
John //. Hill						3-13-66		3:05	am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission a. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland						
			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
					Baltimo		7-	UL	
Unive	ersity Hospita	1		D. STREET ADD	-1111				
					674 W.				
5. SEX	6. RA CE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years		Doys   Hours	
M	N	Mack	nied	11/00 / 25	2,1923	43			
		K POB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTAPLACE	State of foreign	country)	12. CITIZI	EN OF	
	if working life, even if retired)			Newp	ory les	us Vaz.			
13. FATHER'S NA	ME	EM. 10100		14. MOTHER'S N	ALIDEN NAME				
On the last	WNKNOW	11/		Un Kn	ouin/				
	SED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT ADDRESS					
1 / -	vn) (If yes, give wor or do	les of service)	9 91/- 98. 0106	B. bali	Du	110	0.1	al	
Ves VB.	IV.VV. X.		XX7 X0 -0/19	Sp/10/10	2 XXXX	IN 112/	car/	INTERVAL BE	TMEEN
70.	780 X		CAUSE	OF DEATH			1.00	ONSET AND	
DISE	ASE OR CONDITION DEAT		01.1	1 .0	-1A				
(This doe:	s not meon the mode of	f dying e.g.,	(A) STAD	wound of	cnest			•••••••	
heart failu	re, osthenio, etc. It meor complication which caused	deoth.)							
	ANTECONDENT CAU								
DISEASE	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
RISE TO	THE ABOVE CAUSE (A)	STATING THE	BOE 10						
	ING CONDITION LAST		(C)		***************************************			••••	
2	11								
OTHER SI	GNIFICANT CONDITION								
	DEATH BUT NOT R							*****************	100000000000
19A. DATE	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPS		20 B. IF YES, WERE F			
0	WASTE			Y	es	IN CERTIFIEND CA	DSES OF DE	Yes	
21 A, EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21 C.	WHERE DID	If in Boltimore City,	give exoct lo	ocotion)	2 50
	USE OF DEATH.	etc.)	er 1		100 0	arah Ann St			
E 21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	Street	21 F. H	OM DID INTO		.1		
OF INJURY	8-13-66 2:	20 2	WHILE AT NOT	WHILE X S	Ashbad .	lumina ana	mont		
22.	8-13-66 2:	20 a m.	WORK AT W	ORK A	tabbea (	during argu	ment		
	ertify that I held an	Inquiry 🗌	Inspection Aut	apsy X an	id that an thi	s basis, death in	my oplnia	n	
res	ulted from: Natural c	auses .	Accident Suicid	e Hamic	ide X U	indetermined man	ner		
	21 1	00	5	CHIEF	EDICAL EX	AMINER .			
ACTU		)	-	ASSISTANT M	EDICAL EX	AMINER XX		DATE SIC	NED
1	NIEDIC	1		ASSOCIATE A				8-13-6	6
NAME	INER'S Charle	s S. Spr	ingate, M.D.	ASSOCIATE	MEDICAL LA	Amilia Li			
23A. BURIAL C	REMATION, 238 DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LC	CATION (Cit	ly, town, or o	county) (	Stote)
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CHILLIA	D BY HEALTH DEPT.	1704 K	OF REGISTRAR	GRUL CENTE	AL DIRECTOR	110-	1/1	DDRESS /	
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1 3	T 8 1200 (16	CHU C.	Standay PM	Millin	ems Fun	May Home	314	F. MAIR	ENGLY
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, ,	56656		CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00 00040
N <sub>T</sub>	of death of death Deceased e on the sth. Such	1. N	ME OF DECEASED			D HOUR OF DEATH	
			Darn I K. Mei	1/284		N 8/14/6	м.
	at a Do	3. P	ACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY	tution: residence befare admission)
	hospital Jse of d (5) Dece lance or death.	F	JLL NAME OF (II not in hospital or institution, give oddiess or location)	stieet	Jennsylving		nkkin
	cause use; (5) tendan		STITUTION		101	side city limits, write RU	RAL ond give township)
	l in a ng cau cause; attend ior to	K	Johns Hooking Ho	Lution	D. STREET ADDRESS (III	ou vo	7-30
	D.=		1108 21018	261121	RR.	1	
	ibut ibut ined ined d p	5. S		VER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	occur ontrib ermin regul		VIALE WHITE NOW	1 Married	7/2/166	305/55	22
	9 9		USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	or o		none	-	Vennoy luar	via.	usp
	was was posi	13. [	ATHERS NAME		14. MOTHERS MAIDEN NAM	A E	
	- T - S		Bob Mentzer		Vaulin	u V.	
	stant ind; eath e on al d	15. \ (Yes		SOCIAL SECURITY NO.	17. INFORMANT	$\sim$ 0	ADDRESS
ORTA	assist if the ny kir id de lance r fina		No			than	
IMPO	fo, if any nced nced enda		8. 75 6,21	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pla 21 can and The		2 mars
-	A e c E E		This does not mean the mode of dying, e.g.,	DUE TO	1) committee	*******************************	2 weeks
OR:	al examine l examiner (3) A fract an who pr in regula is are emb		hearl failure, asthenio, etc. Il meons the diseose, injury or complicolian which coused deoth.)		Hoby		
2		1	ANTECEDENT CAUSES	(B)			***
ECT			DISEASES OR CONDITIONS, if ony, giving		06 - 05 - 061	geal fistul.	22 clacy
2			rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(c) 110	CV00-522 2 645	There fillian.	
0		_	11	_			
A	bo bo hy n	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Pro	WATER TO		
ER	Ay By By Cia	CA	94. DATE OF OPERATION 198. CONDITION FOR WHIC	H OPERATION	120A. AUTOPSY? (Yes or No	208. IF YES, WERE FIR	IDINGS CONSIDERED
Z	chi Bo Bo th th		21/16; hall was performed to the est of	god JISTULA	. Ves	IN CERTIFYING CAUS	ES OF DEATH?
5	the (2) ere o ph		14. ACCIDENT WAS UNDERLYING 218 PLA	CE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimore	City, give exoct locotion)
	by the prital whe whe do be	U	DEATH (notily medical examiner) etc.l				
	- 8 - 6 0	MEDI	OF INJURY	URY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
	nat nat cept d (d		APPROX.) While A	Not While			1-11/11
	the Ithe Iny nexce		2. I certify that (I) (this hospital) attended the d	1 11	July 2/1	966 10	hug 1 7 1966.
	of o		hat (I) (we) last saw the deceased alive an	201	7	at In(my) (aur) opini	on death occurred an the date
	assed to dent of ospital death) must be		and haur and fram the causes stated abave. (1) (W	e) (did) (did nat) vi	iew the bady after death.		
	must eleas ccide a hos to da		SA. SIGNATURE	A I M.D. Atte	nding Med.	Stoff (	3B. DATE SIGNED
			3C.PHYSICIAN'S	Phys	3D. ADDRESS	Phys.	0/14/6
	was was An c A. at prior		3C. PHYSICIAM'S NAME (Type)	ih M.D.	16. 4.	Kins Hos	Tal Button
	certificate body was r rs: (1) An a D.O.A. at ased prior	24A	BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CRE	MATORY 24D. L	CATION (City,	town, ar county) (State)
	This certil the body shows: (1) was D.O., deceased written a	1	REMOVAL (Specify)	. m Mourari	0 9 0 8	me Took. In	a Blair C P
	This certhe bod shows: (was D.C decease	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	1 1000	ADDRESS
	This the shov was dece	L	AUG 17 1966 R. C. B. 8	Jaben HA	SMS AR	lest - Ka	Mr. Chambershy



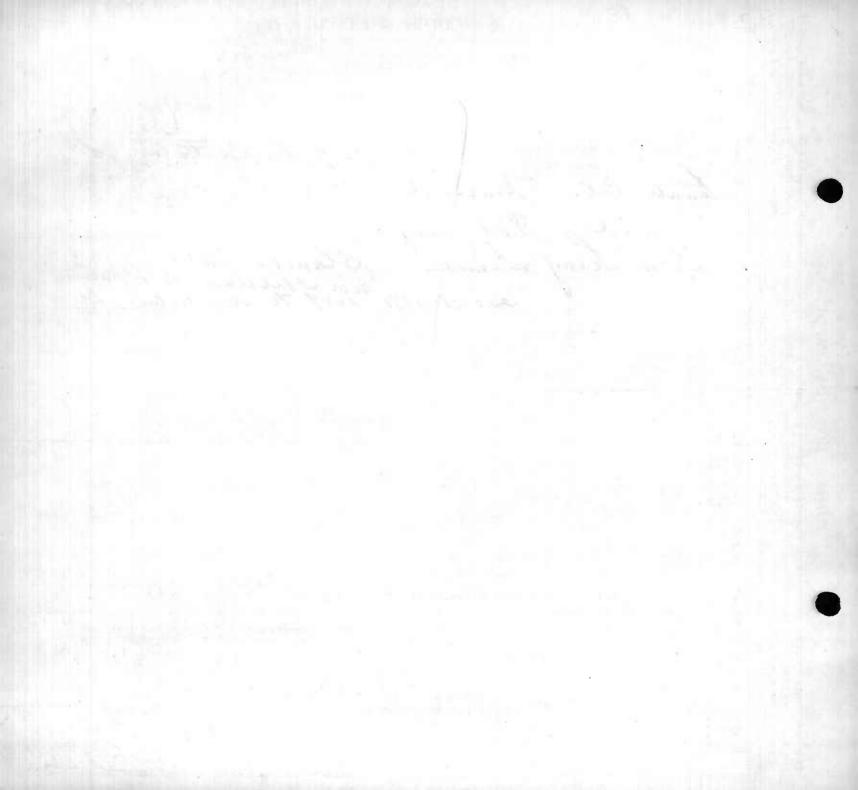


64-32550 BIRTH NO. $6608345$	BALTIMORE CITY	HEALTH DEPARTMENT	\/	66 08345			
	CERTIFICA	TE OF DEATH	Registered No.	00 00040			
M.E. CASE NO.  1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
(Type or Print) RUSSELL CO	IEMAN			10 05			
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where	14-66 deceased lived. If institu	tion: residence before odmiss			
		A. STATE B. COUNT		12. By			
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)				Jakan			
INSTITUTION	E PLANE	C. CITY OR TOWN (If outsi		AL and give town hip)			
23 TOTING HODKING H	OCDITAL	BALTIMORE 6 D. STREET ADDRESS (If rure), give location)					
JOHNS HOPKINS H	USPITAL		CFAUL RD.				
5. SEX   6. RACE   7. A	AARRIED, NEVER MARRIED			Under 1 Yr If Under 24			
· · · · · · · · · · · · · · · · · · ·	WIDOWED, DIVORCED (specify)	lo	st birthday) M	onths Doys Hours Mi			
MALE WHITE  10A, USUAL OCCUPATION (Give kind of work 10B.	CHILD	11-25-64	20 MONTH	S 2. CITIZEN OF			
done during most of working life, even if retired)	AND OF BOSINESS ON INDOSTRI	The BIRTH GAGE (Stole of foreign	Coomity	WHAT COUNTRY?			
No		Maryland		U. S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
JOHN COLEMAN		NANCY BOHMER					
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INICORALANIE		ADDRESS			
Yes, no or unknown) (If yes, give wor or dotes of NO	SECURITY NO.	Mr. John Coleman 5130 McFaul Rd. Balto Mc 21206					
18.204,20	CAUSE C	PF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECT							
LEADING TO DEATH	(A)	fungel prev	MONIC	1 week			
(This does not mean the mode of dyin heal foilure, asthenia, etc. It means the	diseose,						
injuly or complication which coused dea	heoil foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  (B) Leukenia -auch paracytic 4 mos						
ANTECEDENT CAUSES	ANTECEDENT CAUSES  (B) LEUKE, 912 - ALLE MONOCYTES 7 MOS						
DISEASES OR CONDITIONS, if ony, giving							
rise to the obove couse (A) stot UNDERLYING CONDITION lost.	ing The (C)	······································		• • • • • • • • • • • • • • • • • • • •			
AL CONTINUE TO ST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE DUS Pass	naglobelinessia					
19A. DATE OF OPERATION 198. CONDITION	ON FOR WHICH OPERATION		20B. IF YES, WERE FINE	DINGS CONSIDERED			
WAS PERFORM	AED	4es	IN CERTIFYING CAUSE	S OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?					
O 21D. TIME (Month) (Doy) (Year) (H.	our) 21 E. INJURY OCCURRED	21F. HOW DID INJUI	N OCCIIP?				
OF INJURY	While At Not Whi		Cr Occok				
(APPROX.)	Work At Work			-1			
22. I certify that (1) (this haspital) attended the deceased from 7/26 1966 to 8/14 1966							
that (1) (we) last saw the deceased alive an \$/14 19 66 and that in(my) (our) apinian death accurred an the de							
and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE							
11 1	M.D. AH		off No	8/14/66			
23C. PHYSICIAN'S	michill Phy	23D. ADDRESS	nys.	8/14/106			
NAME (Type)		LOD. AUDRESS					
H. W. Swice	ck M.D.	Johns Hopkins	Hospital				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			town, or county) (Sta			
Burial 8/17/66							
	Gardens of Far	ith Cemetery Trum	os Mill Rd.	Balto. Maryland			
	Gardens of Fa:	ith Cemetery Trum	ps Mill Rd.	Balto. Maryland			
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	-1		ADDRESS			
25A. DATE REC'D BY HEALTH DEPT. 25B.		25C. FUNERAL DIRECTOR		ADDRESS			





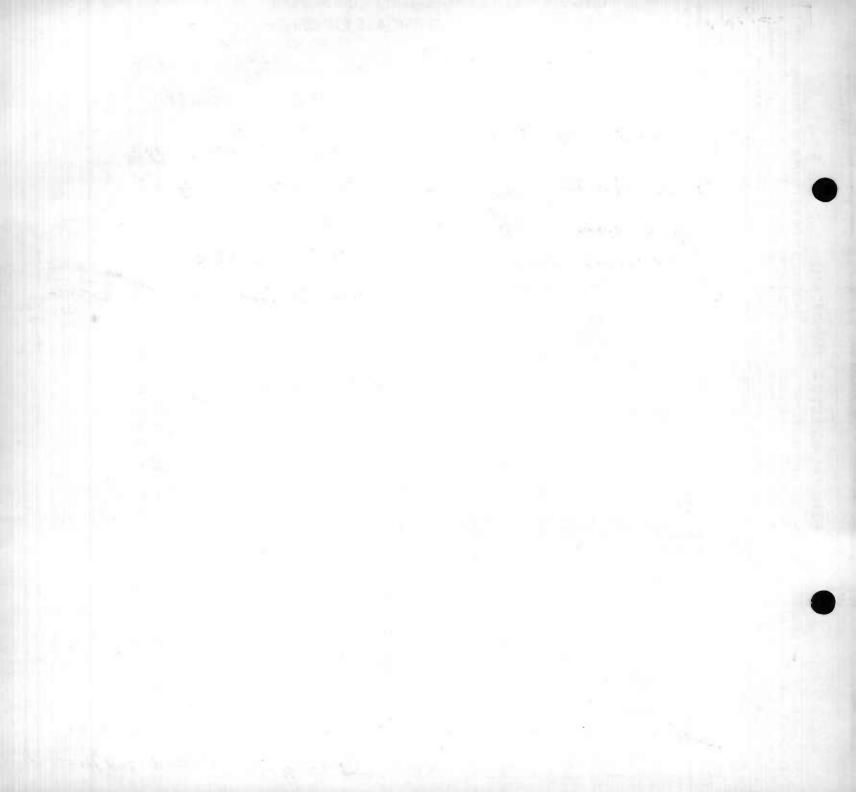
VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

M.E					000		
	TH NO. 66 08348	CERTIFIC	ATE OF DEATH	Registered No.	66 08348		
	CASE NO.	J		V			
	AME OF DECEASED BOYD TRI	MOIE		HOUR OF DEATH	//.		
		1010	Clu	9.13-196	6		
P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B, COUN)	deceased lived, if institu	tion: residence before admissi		
				15 nota			
	FULL NAME OF (If not in hospital or institution, oddress or location)	give street	md.	1 Jaco			
	NOITUTION	1 1 1	C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township)		
	Belto City Hosp	til	Esse	4	3370		
	Dielo ling		. 1/	rol, give location)			
			1720 Hi	eltop a	E.		
. S	EX 6. RACE	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	Under 1 Yr. If Under 24 honths: Days Hours Min		
7	WIDOWER WIDOWER	D, DIVORCED (specify)	5-17-1891	st birthdoy)	onths Days Hours Min		
r		ned	3 10/1	15			
	USUAL OCCUPATION (Give kind of work 108, KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY2		
UITE	Yord-man Was	1. 0.	Penna.		WHAT COUNTRY		
		n co.	14. MOTHER'S MAIDEN NAM				
j. 1	FATHER'S NAME	11		0 //			
	Thomas Trimb	le	000000	Colema			
5, \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
0.5	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Cora Tunibe	· same	as alone		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cora punior	E - pour			
	18.42011	CAUSE	OF DEATH		INTERVAL BETWEEN		
				1	ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Canada Ha	. /2			
	(This daes not mean the made of dying, e.g.,	(A)	Coxonary Inn	2,1200-00	**************************************		
	heart failure, asthenia, etc. Il means the disease,		9				
	injury ar camplication which coused death.)		A. t.	Α.			
	ANTECEDENT CAUSES	(B)	TITLION CIECON	1			
	DISEASES OR CONDITIONS, if any, giving						
Į	rise to the obove cause (A) stoting the						
	rise Ia Ihe obove cause (A) stoting the UNDERLYING CONDITION last,				M		
	UNDERLYING CONDITION last.						
N		(C)					
HON	UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(C)					
A	UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			DINGS CONSIDERED		
A	UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(C)	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED S OF DEATH?		
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MEDICAL CERTIFICATI	UNDERLYING CONDITION last,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) (Hour) 21E, Wh. Wo.  22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive an and hour and fram the couses stated above. (1)  23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type) SAHUEL ST.  BURIAL CREMATION, 24B. DATE 24C.PHYSICIAN'S NAME (Type) SAHUEL 24C.PHYSICI	G G G G G G G G G E WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, lorm, foctory, street, with the street, street, or compared to the deceased from)  I) (We) (did) (did not)  M.D. A  M.D. A  AME of CEMETERY of C	20 A. AUTOPSY? (Yes or No)  in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID INJURY ON THE DID ond the original office bidg.  19 6 ond the original office bidg.  Ned. Director Director CREMATORY 24D. LC	20B. IF YES, WERE FININ CERTIFYING CAUSE  (If in Boltimore Control of the control	B. 19 6  In death occurred on the company of the co		
MEDICAL CERTIFICATI	UNDERLYING CONDITION last,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10B AND PERFORMED  21B. TIME (Month) (Doy) (Yeor) (Hour) 21E, Wh. WO  21C. TIME (Month) (Doy) (Yeor) (Hour) 21E, Wh. WO  22. I certify that (1) (this hospital) attended that (I) (we) last sow the deceased alive an and hour and from the couses stated above. (123A. SIGNATURE 123C. PHYSICIAN'S NAME (Type) 124B. DATE 124C. PHYSICIAN'S NAME (Type) 124B	G  G  E  WHICH OPERATION  I. PLACE OF INJURY (e.g., ne, lorm, foctory, street, or the deceased from)  II. We) (did) (did not)  M.D. A  AME of CEMETERY of C  MLL A  MALLER A	20 A. AUTOPSY? (Yes or No)  , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 ond the oview the body ofter death.  Attending Med. Director Director C. CREMATORY  CREMATORY 24D. LO	20B. IF YES, WERE FINING CAUSE  (If in Boltimore Control of the Co	B. DATE SIGNED  B. DATE SIGNED  B. DATE SIGNED  Cown, or county)  (Store		
WEDICAL	UNDERLYING CONDITION last,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10B AND PERFORMED  21B. TIME (Month) (Doy) (Yeor) (Hour) 21E, Wh. WO  21C. TIME (Month) (Doy) (Yeor) (Hour) 21E, Wh. WO  22. I certify that (1) (this hospital) attended that (I) (we) last sow the deceased alive an and hour and from the couses stated above. (123A. SIGNATURE 123C. PHYSICIAN'S NAME (Type) 124B. DATE 124C. PHYSICIAN'S NAME (Type) 124B	G G G G G G G G G E WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, lorm, foctory, street, with the street, street, or compared to the deceased from)  I) (We) (did) (did not)  M.D. A  M.D. A  AME of CEMETERY of C	20 A. AUTOPSY? (Yes or No)  , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 ond the oview the body ofter death.  Attending Med. Director Director C. CREMATORY  CREMATORY 24D. LO	20B. IF YES, WERE FINING CAUSE  (If in Boltimore Control of the Co	B. 19 6  In death occurred on the company of the co		

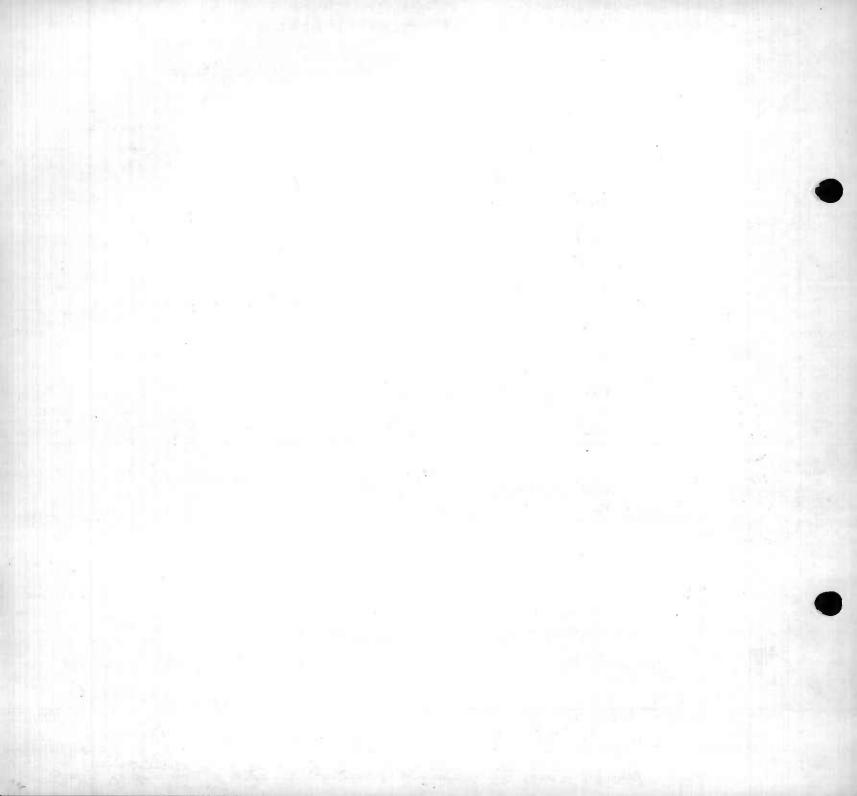


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BALTIMORE CITY HEALTH DEPARTMENT

Consessed To be miles JUNGETES MEHOTES 13,412 Here Semester very Kenners Mr 1



250		66 0835	2		HEALTH DEPARTMENT	and the second	66 08352
5	BRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH		
1	Type or Print)	WILEY RIS				8 15 6	6 240/p
	RRIM	FICA The	AME	NDED	MARYLAND B. CO	DUNTY	institution: residence before admi
	INSTITUTION	Baltimore Cit 4940 Eastern Balto, Md.	y Hospi	tals 9/17/66	BALTIMORE	f autside city limits, write (If rurol, give lacation)	RURAL and give township)
		Darvo, FA.	K IKKU			TERSON PK. AV	E. 21231
	MALE	6. RACE WHITE	WIRAWAR	NEVER MARRIED  DIXORCED (specify)	11/20/01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 2 Months Doys Hours A
	dane darido masi	CUPATION (Give kind of work of working life, even if retired)	DET	BUSINESS OR INDUSTRY	KENTUCKY	lareign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS N.	AME			HORSELY, 1		
1	S. Was Deceas Yes, no or unkno- NO	ed Ever in U. S. Armed Fore wn) (If yes, give wor or dote	es? s of service)	2 16-03-0379	17. INFORMANT RECORDS—BCH 2	4940 Eastern	Ave., 21224 Mc
	(This does	ASE OR CONDITION DIR LEADING TO DEATH not mean the mode of	dying, e.g.,	CAUSE O	F DEATH Statie Carcino	na of Yousil	INTERVAL BETWEEN ONSET AND DEAT
	injuly of c	e, osthenia, etc. II means omplication which caused ANTECEDENT CAUSES	deolh,)	(B)			
	rise lo	OR CONDITIONS, if of the obove cause (A) NG CONDITION lost.		(C)		000001000000000000000000000000000000000	
	E TO THE	II  NIFICANT CONDITIONS CODEATH BUT NOT RELA  R CONDITION CAUSING IT	TED TO THE				
			DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
	O ZIA. ACCIE	BUTING CAUSE OF CAUSE OF CAUSE OF	21 B. hame etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, of	n ar abaut 21 C. WHERE DII fice bldg., INJURY OCCUR	D (If in Baltima 1?	are City, give exact locatión)
	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		e At At Work		INJURY OCCUR?	
		fy that <b>(H)</b> (this haspital e) last saw the decease	attended th	e deceased fram	4/29 19 66 and	19 66 to at that in (mg) (aur) as	8/15/66 19 (
	and haur o	and from the causes stat	ed abave. (H)	(We) (did) ( <del>did not)</del> v	riew the bady after dea	th.	DATE CIPLIED
		Danie 1	Parb.	M.D. And	ending Med.	Staff Phys.	23B, DATE SIGNED
	23C. PHYSIC	James T. Cor	kins		23D. Address BCH 4940 Easte		to., Md. 21224
	24A. BURIAL C	Specify) 8/72/	6 /C/NA	ME OF CEMETERY OF CRI			Sity ipworfor sequenting of
	2SA. DATE REC	AUG 17 1966 (	258, NAME O	,,, ,	2SC FUNERAL DIREC	TOR -	ADDRESS
IE	/S 150-REV. 1/		Hotel and	-, waster	171	6 1	

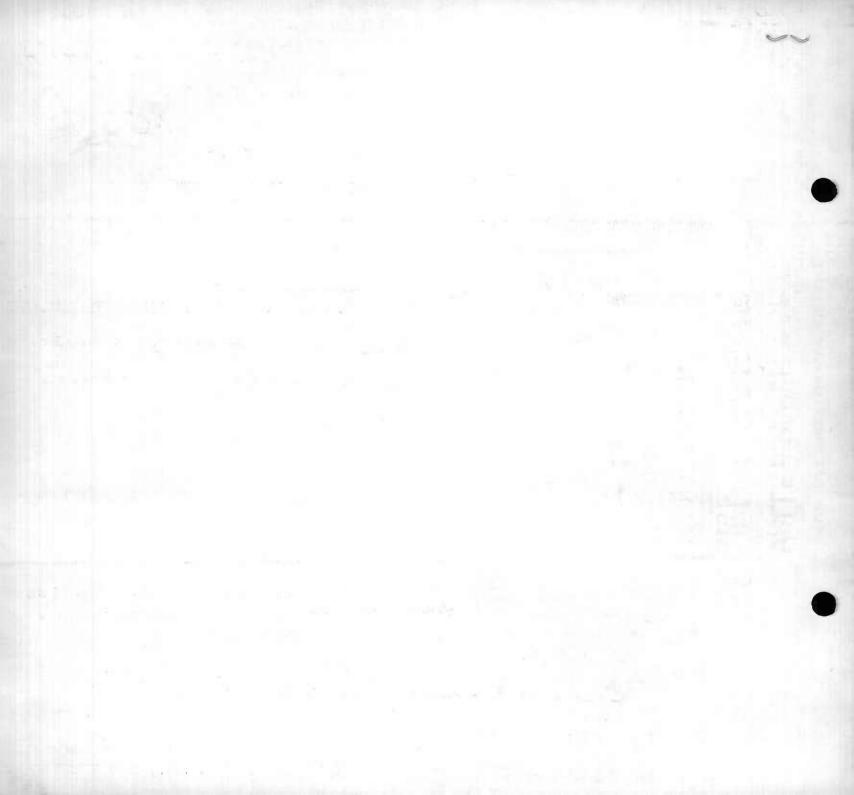
Letter from DEPowers, BCH- 8/16/66

IMPORTANT

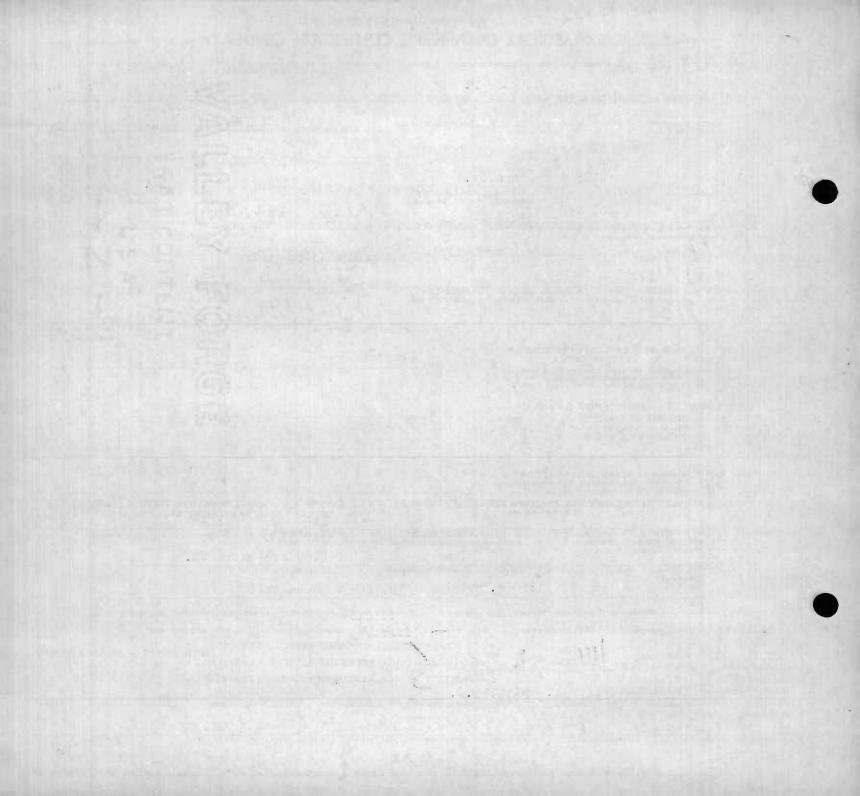
DIRECTOR:

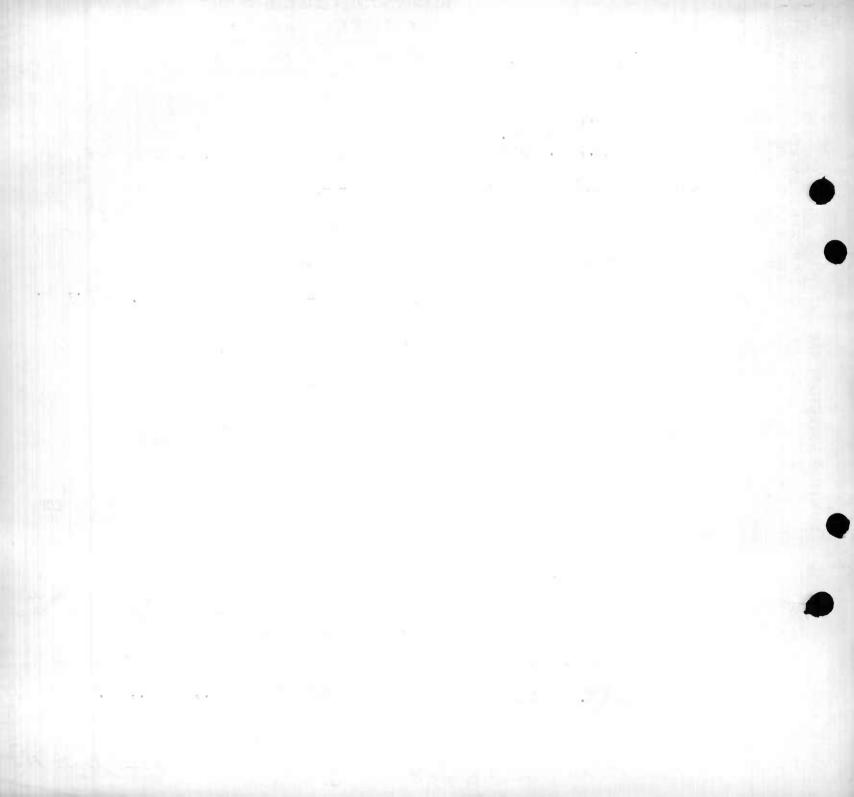
FUNERAL





BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.						
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
Calvin % Stokes	8/16/66   2:10 a						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
	A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland						
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (Il outside corporate limits, write RURAL and give tolynshid)						
	Baltimore /						
	D. STREET ADDRESS (If rurol, give location)						
2209 Ashburton St.	2000						
	2209 Ashburton St.						
WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs   Months, Doys, Hours, Min.						
male colored male	12-21-1940 25						
104-USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
done during most of working lile, even if retired)	WHAT COUNTRY?						
Thummer Musician	Callinne, Md USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /						
Albert Stokes	Catherine Estat						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS						
(Yes no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	201 - 041 // 211						
110	albert Make - 2 2 199 /12/ to ST						
TB. CAUSE	OF DEATH INTERVAL BETWEEN						
CAUSE	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	na						
LEADING TO DEATH Hangi	11g						
heart failure, asthenia, etc. It means the disease.							
injury or complication which coused death.)							
ANTECENDENT CAUSES							
(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.							
Z (C)	***************************************						
E STATE OF THE STA							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?						
COLA EVIERNIAL CALLES WAS COLOR BLACE OF INCLUDE							
21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion) home, form, foctory, street, office bldg., INJURY OCCUR?							
UNDERLYING CAUSE OF DEATH.    Output	2209 Ashburton St.						
3	21F. HOW DID INJURY OCCUR?						
OF INJURY							
(APPROX.) 8 16 66 1:50 a. WHILE AT NOT WHILE THE hung self							
22.							
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
resulted from: Notural couses Accident Suicide Momicide Undetermined manner							
	CHIEF HEDICAL EVANINED						
ACTUAL MOL CHIEF MEDICAL EXAMINER DATE							
SIGNATURE WITH A. M.D.	ASSISTANT MEDICAL EXAMINER X						
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8/16/66						
NAME (Type)Werner U. Spitz, M.D.							
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
REMOVAL (Specific)	01 0.14						
Lucal Y-11-66 arbulus M	m. Jack arbutus Ma						
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	249. FUNERAL DIRECTOR ADDRESS						
To Comp	1)						
A A A A A A A A A A A A A A A A A A A	175. 57 120 M 11. M TT. 100 V						

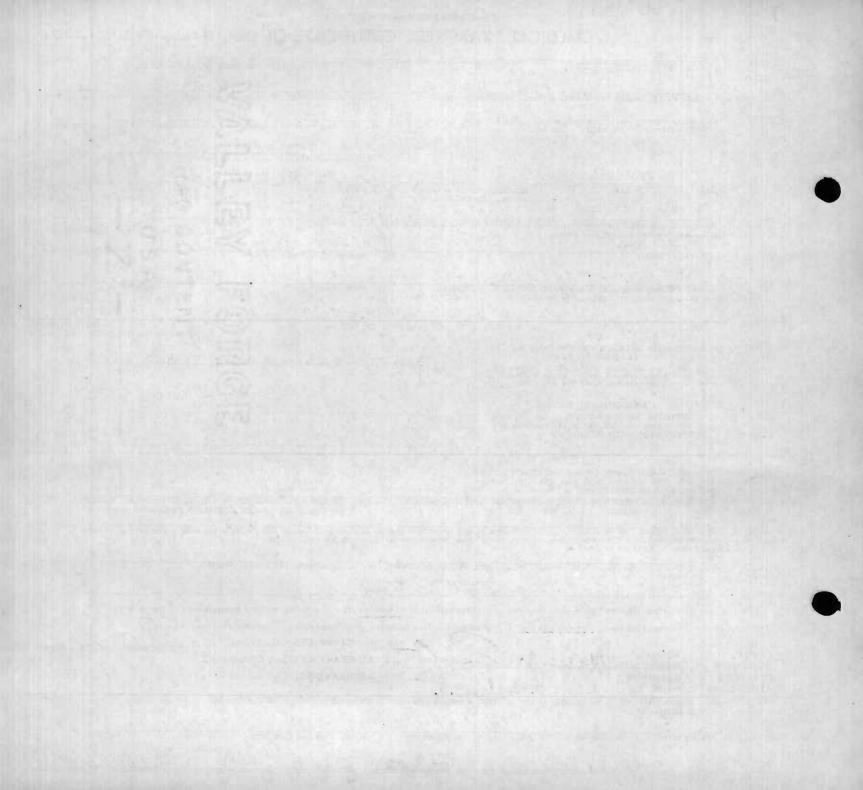


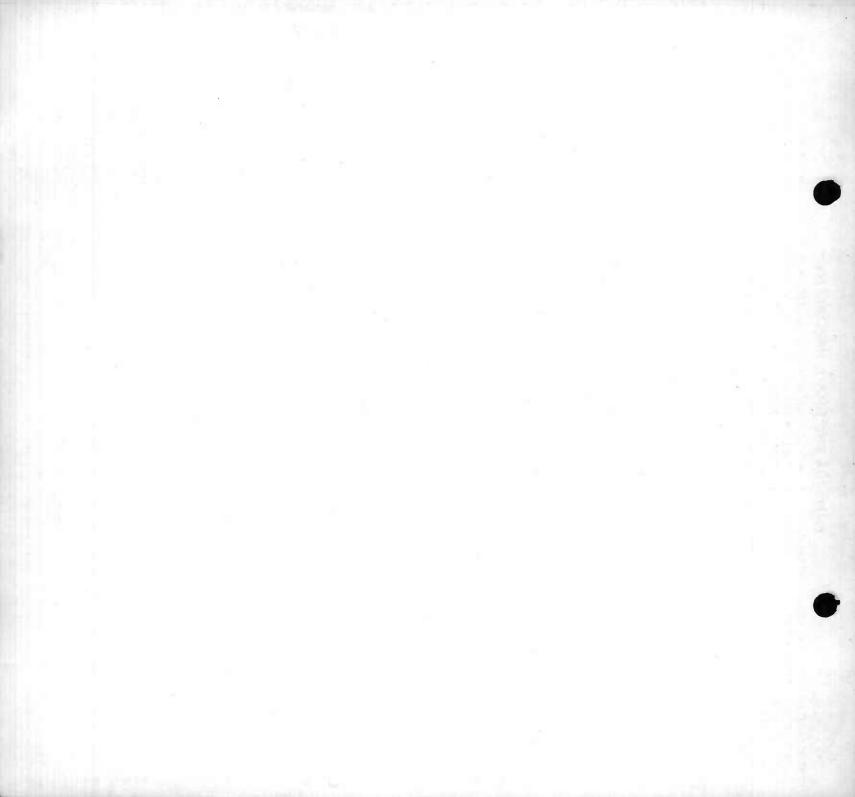


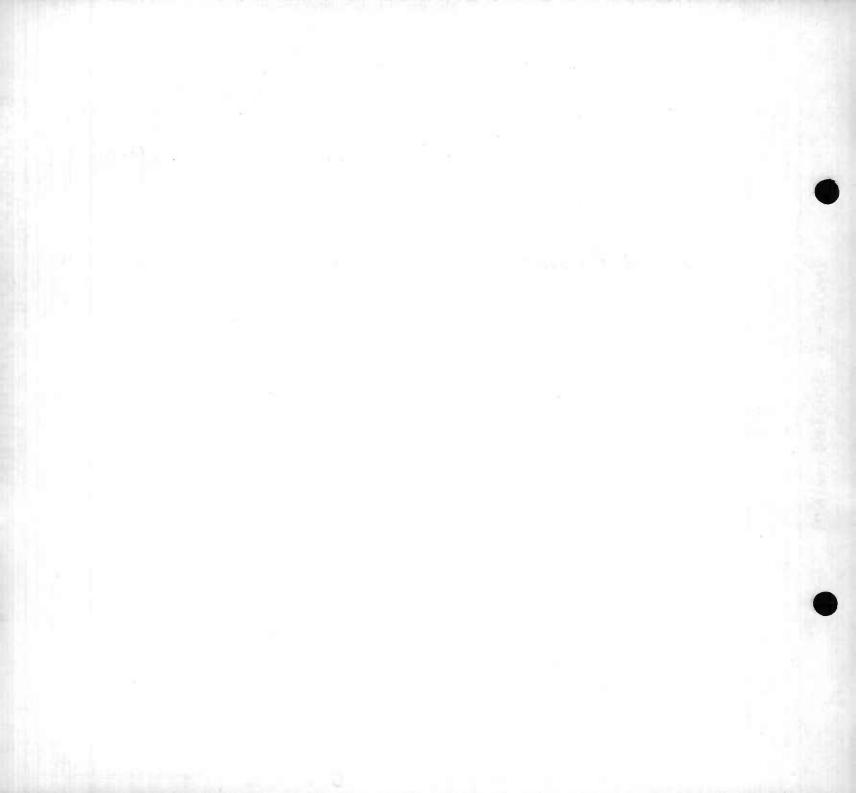
C-51,4

## ...66 08357

BIRTH NO. MEDICAL EXAMINER'S CI	EKIIFICALE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Ada Campbell	8/16/66   12:45 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	D. STREET ADDRESS (If rural, give locotion)
Provident Hospital	1323 Eutaw Place
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
female colored WIDOWED, DIVORCED (specify)	DEC 24, 1906 lost birthdoys 39 Months Doys Hours Min.
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
COCK - KESTURANT	NELSON, COUNTER VAL USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LUIUS RANGOLPH ROSE	RANGOLDH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1/00/01 100002-11 22-25
100 71078-7762	- whive ( Will bett Cariou DO)
I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	ensive cardiovascular disease
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECENDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
O UNDERLYING UOR CONTRIB-   home, form, foctory, street,	office bldg., INJURY OCCUR?
<u> </u>	
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.)  m. WHILE AT NOT AT WORK	WHILE O
22,   certify that I held an Inquiry   Inspection   Aut	topsy x ond that an this basis, death In my opinion
resulted fram: Natural causes X Accident Suicid	
ACTUAL MAG	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ABURA W. 5 ~ ( M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8/16/66
NAME (Type) Werner U. Spitz, M.D.	
REMOVAL (Specify)	OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)
TOURING IN CONTROL	charal ill lind.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
ALIG 1 7 1966 DO & C. T. D	Honald E. Kleuly ni Do TERLOWIA
VS 151-REV. 1/1/65	630







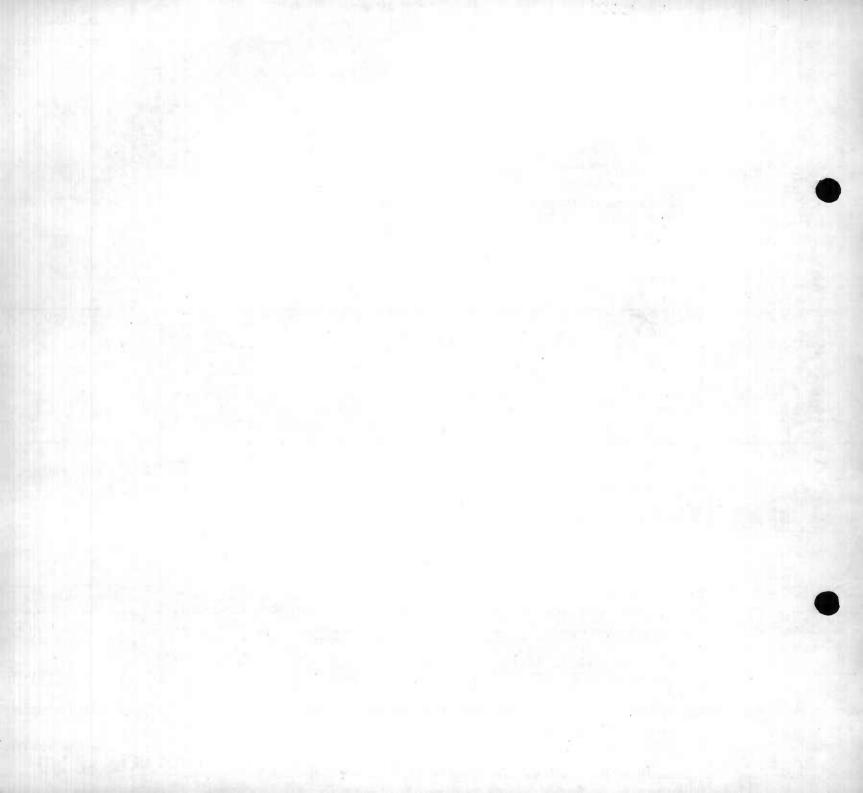
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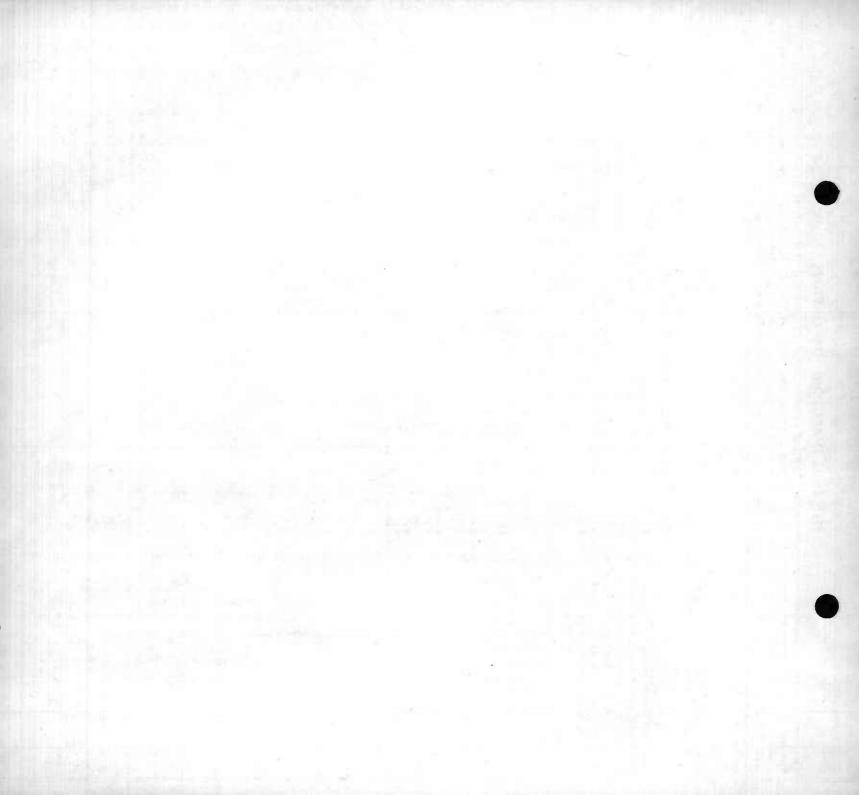
66 116201	BALTIMORE CITY	HEALTH DEPARTMENT		in the second is a second in the second in t
BIRTH NO.66-9446001 BA	CERTIFICA	TE OF DEATH	Registered No.	38621388161
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  BANU	an.		NO HOUR OF DEATH	1150
3. PLACE OF DEATH IN BALTIMORE MARYLAND	JAVIS	4. USUAL RESIDENCE   Whe	7 16/66	tution; residence before odmission
		A. STATE B. COUN	NTY O	1 - 646
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	Md USI		gemony ~
INSTITUTION SINCU	located	Λ	Itside city limits, write RU	AL ond give township)
0 1		D. STREET ADDRESS (III	rural, give location)	me.
2 Baltimor	ema	Saai	2	1-18
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	f Under 1 Yr. If Under 24 Hr Nonths Doys Hours Min,
MM		1/16/66		5 40
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN) lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	^	1 1	12. CITIZEN OF WHAT COUNTRY?
		Bal.	to My	DSA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	711
Milborn Doug	105	Barbara	DA	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	- DAVIS	ADDRESS
Yes, no or unknown) III yes, give wor or dotes of servi	SECURITY NO.			
1B. 77/V	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			1840	ONSET AND DEATH
LEADING TO DEATH	(4)	I mmateurite	(240 CM)	5 hr 40'
(This does not meon the mode of dying, heart foilure, osthenia, etc. It meons the dise				
injury or camplication which caused death.)	ose,	·		7000
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, gi				
rise to the obave cause (A) stating UNDERLYING CONDITION tost.	The (C)			
ONDERETING CONDITION IOSI.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? IYes or No	o) 208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		Yes	IN CERTIFYING CAUSI	S OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g., i	n or obout 21C. WHERE DID	Ilf in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street, o	thice bldg., INJURY OCCUR?		
O 21D. TIME   Month) (Doy)   Year) (Hour)	21E. INJURY OCCURRED	21F, HOW DID INJ	ILLRY OCCUP?	
OF INJURY	While AI Not While Work At Work			
[APPROL)	Work At Work			1 ,
22. I certify that (+)-(this haspital) attend	ed the deceased fram.	7/16	19 66 to	7/16 1966
that (1) (we) lost saw the deceased alive	on 7 (16	19 6 C and th	nat in (my) (our) opinio	n death occurred on the de
and hour and from the couses stated abov	e. (1) (We) (did) (did net) .			
23A. SIONATURE	1		23	B. DATE SIGNED,
	M.D. Atte	ending Med.	Stoff 2	2/11/11
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	11,010 0
23C. PHYSICIAN'S NAME (Type)	7 4 4 4	5	11. 1	
		AN PTOPER D	Mrs motice	UNI IND
REMOVAL ISpecify) 24B. DATE 241	C. NAME of CEMETERY OF CRI	EMATORY FA 1 UTIL 24D.IL	OCATION VI (City,	lown, todachuniya LTD (Stote)
8/16/66		UNIVERSITY	MEDICAL	SCHOOL
	ME OF REGISTRAR	25C. FUNERAL BIRECTOR	N DV CDD	ADDRESS
400 I ( 1300 UG)	LEST G. VENSON THE	D CONTRACTOR	WILL SERVI	CF _ RCHn
/S 150-REV. 1/1/65			4	- DOUD
V3 130-KE V. 1/1/63				

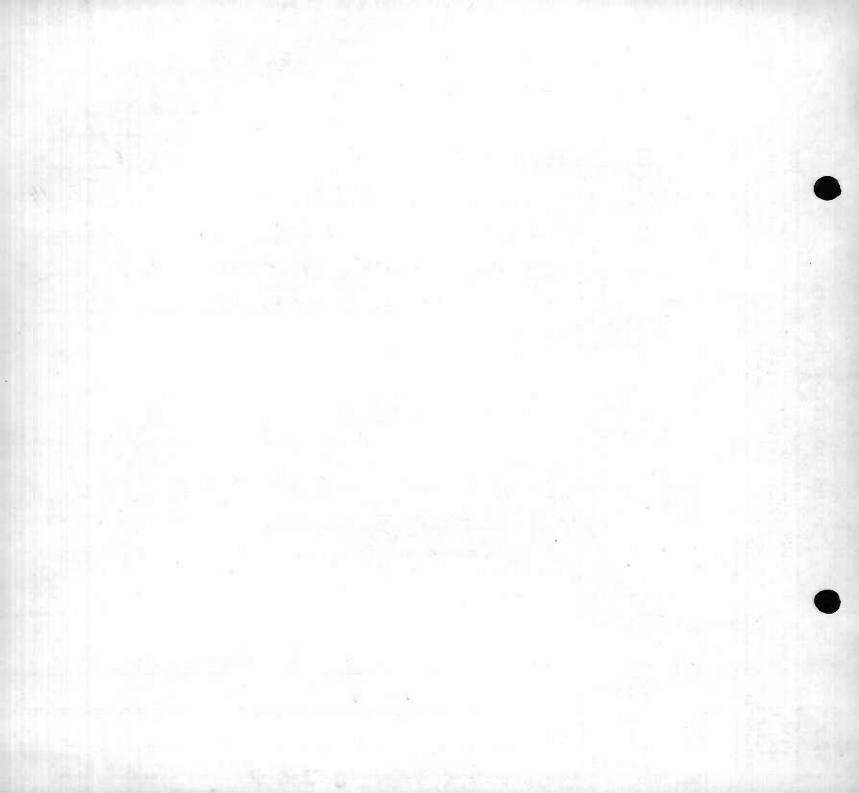


FUNERAL DIRECTOR:

126-1	5665		BALTIMORE CITY	HEALTH DEPARTMENT		EC 08360 8
BIRTH NO.	66 083	65	CERTIFICA	TE OF DEATH	Registered Na	66 08362
A.E. CASE NO.	SED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	mpson,	Baby	9 inl	Aug	1.2, 1966	11:00 A M
	IN BALTIMORE, MA		1	4. USUAL RESIDENCE (Whe	ere deceased lived. If in:	stitution: residence before admission)
				A. STATE B. COUN	Baltime	
FULL NAME OF			give street	MARYLAND		
INSTITUTION	oddiess of locollor	,		C. CITY OR TOWN (If ou		WRAL and give township
1				Baltimor		3
C: .: 1	126:0201	P B	Hemons, Inc	D. STREET ADDRESS (If		14- 17
					bury st.	# 16
	NEGRO	WIDOWED	NEVER MARRIED  O, DIVORCED (specify)  HARRES	B. DATE OF BIRTH  July 30, 1966	9. AGE (In years lost birthdoy) 3 DAYS	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	king life, even if retired)	Non	415	MARYlan	4	United State
NOWE FATHERS NAME		****		14. MOTHER'S MAIDEN NA		041718 314.2
	Simpson	)		Mildred HA	IALE	
MINCH	26 AM 1. 20 M			MILIENSO		
. Was Deceased Ev	er in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO OF STREET	, sa, give wor or dole	2 21 30(¥10€/	NOWE	Father		
1B. 11 = =	201		CAUSE O	F DEATH		INTERVAL BETWEEN
7-00	OF COMPLETON PIE	E C TI V	0.1000	o c A I I I		ONSET AND DEATH
	OR CONDITION DIR ADING TO DEATH	ECILI	C A	ROIAC AR	7229	1 hour
(This does not	mean the mode of	dying, e.g.,	DUE TO			
	thenio, etc. It meons cation which caused					
			(B)			
	TECEDENT CAUSES		DUE TO		<u></u>	
	obove couse (A)		(C)			
	CONDITION lost.	sidility life	(0)		***************************************	
	- 11					
OTHER SIGNIFIC	ANT CONDITIONS C					
	TH BUT NOT RELA		E KENTY	BORN		
	PERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF O	WAS PERI	FORMED	SHOC	234	IN CERTIFYING CAL	JSES OF DEATH?
J 21A. A C CIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify me	NG CAUSE OF Calcol examiner (	hom etc.)	e, form, foctory, street, of	hee bidg., INJURY OCCUR!		
)	Aonth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IIIRY OCCUR?	
OF INJURY	Nonini (Day) (Tean		ile At Not While			
(APPROX.)		Wor				
22. I certify the	at (I) (this haspital	) attended th	ne deceased from A	1. 90	1966 to AC	ا ا ا ا ا ا
						nian death accurred an the dat
23A. SIGNATURE	ram the causes stat	red abave, (I	) (ARE) (did) (did non v	iew the bady after death.		Jose DATE SIGNIST
	1	0	1 11 0 11	allea — AAad —	21-42	23B. DATE SIGNED
all	ut T.	all	Can M.D. Atte	nding Med. Director	Stoff Phys.	Aug. 2, 1966
23C. PHYSICIAN'S	5			23D. ADDRESS		White the last of
IAMINE (Type			M.D.	ANATOMV	ROADD OF	MA A D Y/T A N/D
4A. BURIAL CREMA	TION, 248. DATE	24C. N.	AME of CEMETERY or CRE	MATORY 24D. L	OCATION (Cit	ly, town, or county? (State)
REMOVAL (Spe	cify) 9		The state of the s	UNIVERSIT	V MEDICA	I CCHOO!
		66		OHIT LANDIA	MUUILA	L SCHUUL
SA. DATE REC'D BY	HEALTH DEPT.	25B. NAME C	and the same of th	25C. FUNERAL DIRECTO	UARY SED	WICE DOWN
ΔΠ	G 17 1966	P.Od. K	E starter Mile	0 8 3 0 5	DEN.	AICE - BCHD
/S 150-REV. 1/1/65	W 2 1 1 7 7 7 1					

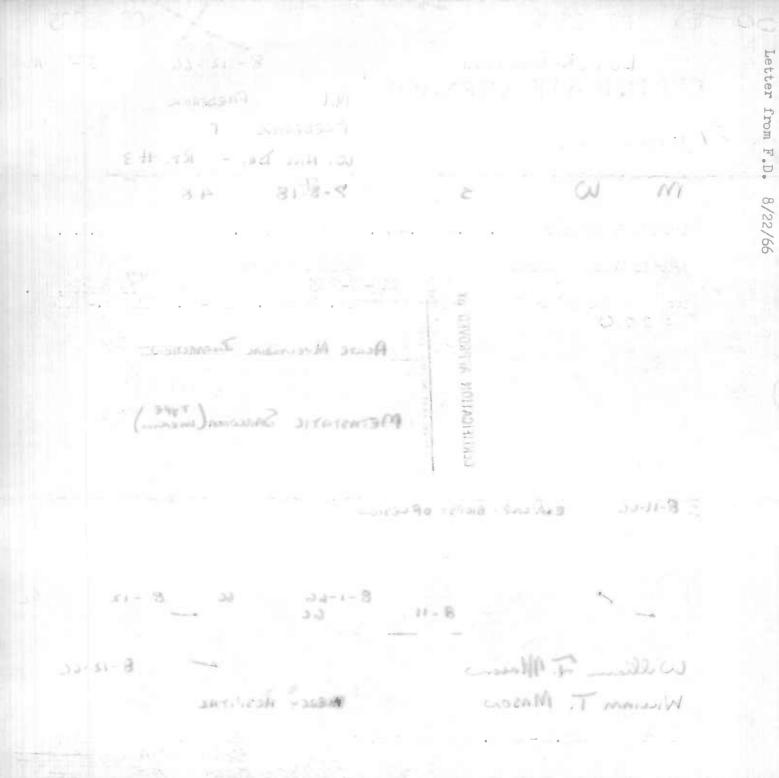






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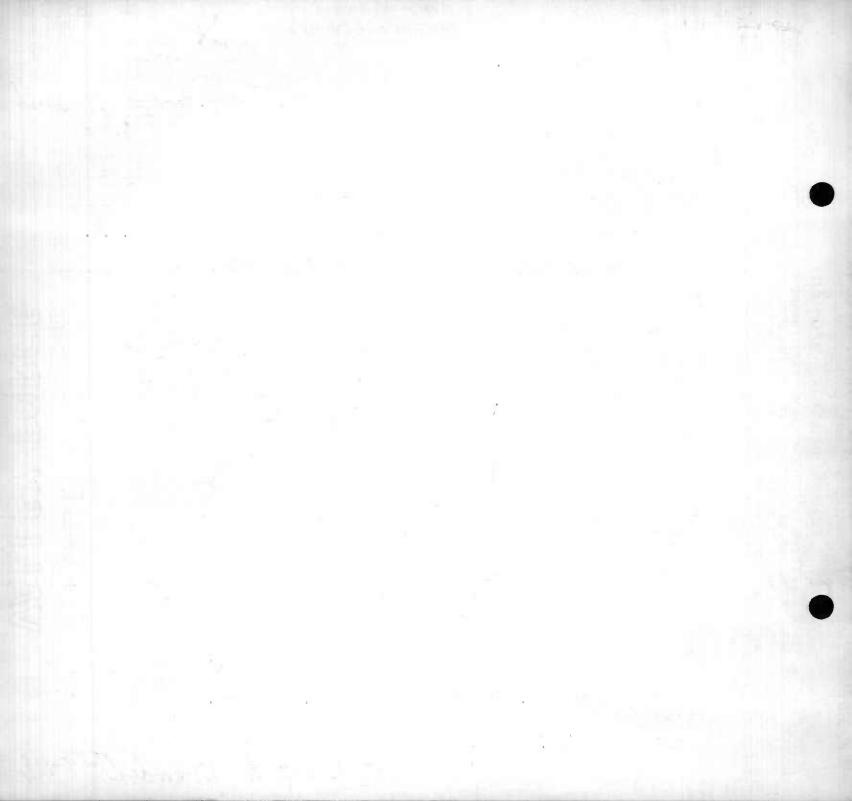
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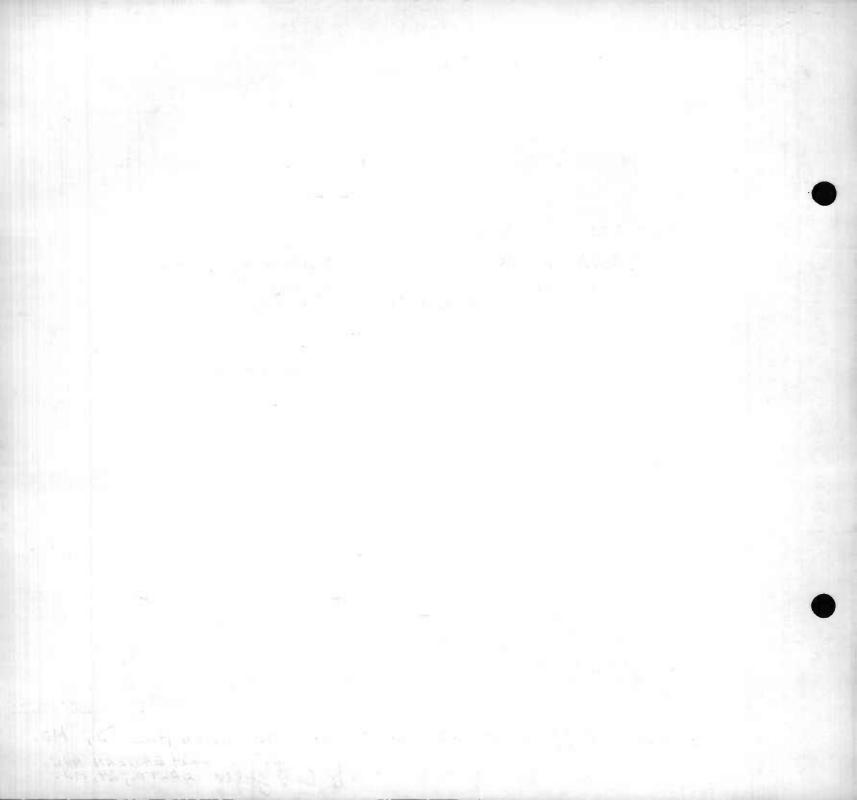
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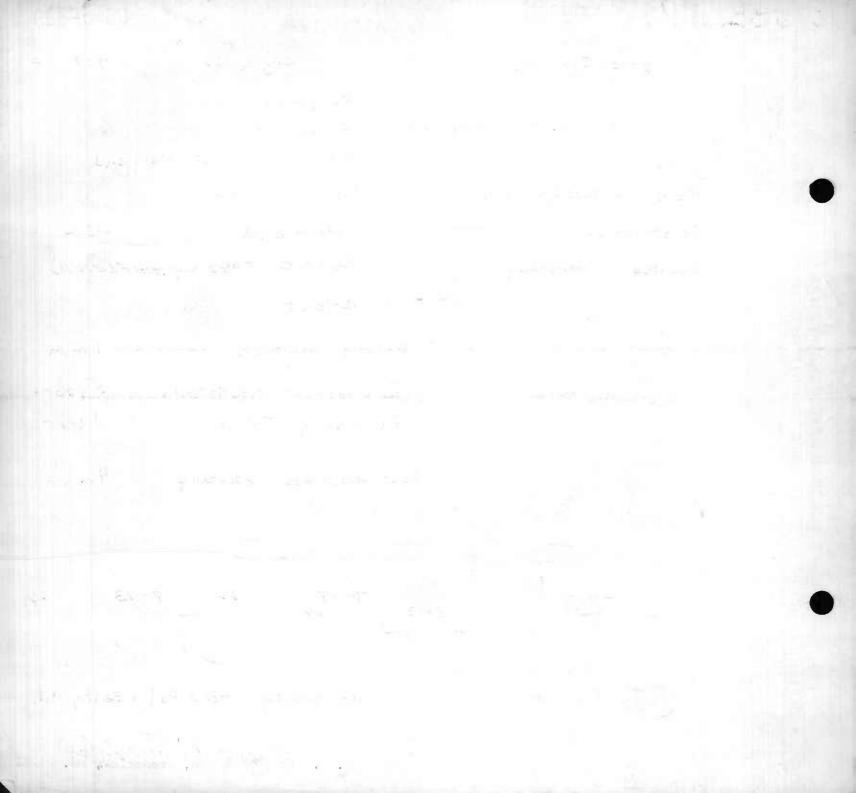
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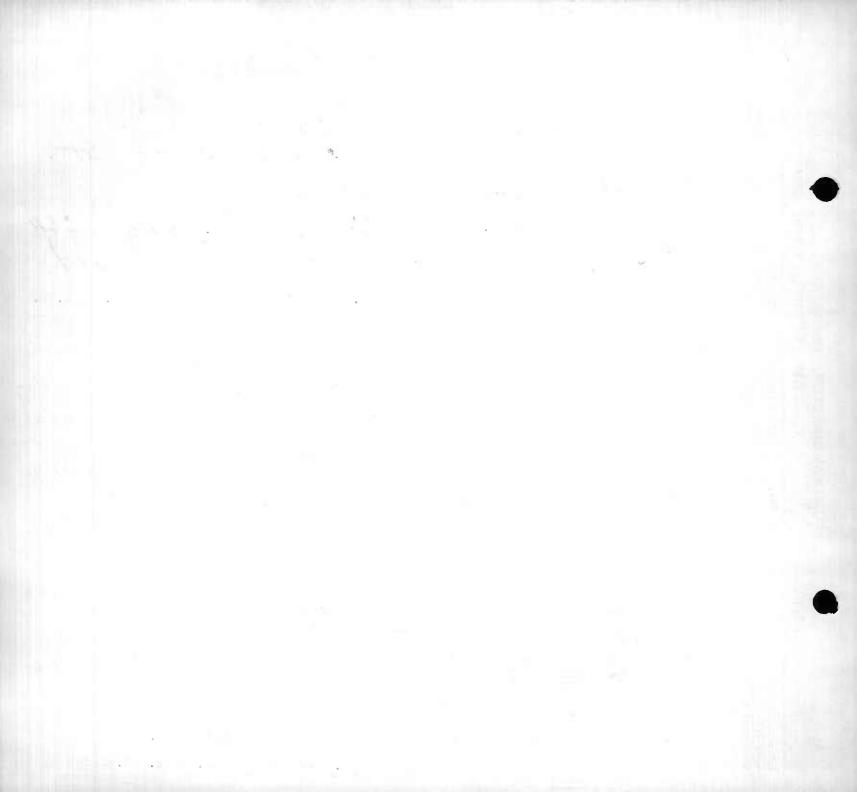
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FUNERAL DIRECTOR:





66 08371	BALTIMORE CITY	HEALTH DEPARTMENT		CC 00000
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 003/1
1. NAME OF DECEASED	D la	2. DATE AN	D HOUR OF DEATH	,/10
3. PLACE OF DEATH IN BALTIMORE MARYLAN	LUTH UR.	4. USUAL RESIDENCE (Whe	te deceased lived, If inst	itution; residence before admission)
		A. STATE B. COUN	TY I	nondia testidence before duministrativ
FULL NAME OF (If not in hospital or instinution)	tution, give street	C, CITY OR TOWN (II out	Lto.	IRAL and give township)
INSTITUTION		BAITIMORE	_	33.00
1 R S		3 - 0	rural, give location)	- 1
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	E 170C	T
	DOWED, DIVORCED (specify)		lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. K			gn country)	12. CITIZEN OF
done during most all working life, even il retired)  OFERINTENDENT	ETHIL DEAT TORE	11 < A.	Mp.	WHAT COUNTRY?
13. FATHER'S NAME	ETATO DEFT. STORE	14. MOTHER'S MAIDEN NAM	ME	0(1011)
HAMILTON RUTH		ELLA King		
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes all so	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 -	ADDRESS
No.	215-07-272	MRS. CLARA (	UTH SAM	TE AS 4D.
18. left 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	$\gamma_n$	1	· P. A.	
(This does not mean the mode of dying		g caracac	infarcio	10 W15
hearl failure, osthenio, etc. Il meons the d injury or complication which caused death.		esalsal, for	Page	
ANTECEDENT CAUSES	(B) DUE TO	ceorac van	corruge	10 00 00 00 00 00 00 00 00 00 00 00 00 0
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stotin	giving the	perential hen perentive Ca	nd-110 an a	1-6
UNDERLYING CONDITION lost.			va vaso.	
Z OTHER SIGNIFICANT CONTROLS CONTROL	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FILL	NDINGS CONSIDERED
W 21A ACCIDENT WAS UNDERLYING		No		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hou		21F. HOW DID INJ	IIBY OCCILE?	
OF INJURY (APPROX.)	While At Not While		OKI OCCOK:	
	Work At Work	7	19 66 10 Au	.0 13 11
22. I certify that (this hospital) atte	100	4 4		13 19 66
and hour and from the causes stated ab			ar in (ray) (our) opini	death occurred an the date
23A. SIGNATURE	ove. ( (me) ( plu) ( and ) v	iew the body offer death.		23B, DATE SIGNED
W CH	1)ng M.D. Atte	nding Med.	Stoff Phys.	Aug-13-66
23C. PHYSICIAN'S NAME (Type)	41./1	23D. ADDRESS	,,,,,,	14 -15 00
1 Y. C	AUNG M.D.	13on Sec	ours Hos	pital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME EL CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	town, or county) (State)
BURIAL 8-17-66 23A. DATE REC'D BY HEALTH DEPT. 258. N	MONTE MARIA	EMETERY TO	wson,	MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	4	ADDRESS 1057 YARY RD
AUG 17 1966 (R.	Control Santament	AUD COOK? ON	voors lows	NO TOUSON, MD 2120
VS 150-REV. 1/1/65				,

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VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

RTH NO.  I.E. CASE NO.  NAME OF DEC  ypo or Print)  PLACE OF DE	ichard	DRE MARYLAND	CERTIFICA	2. DATE A	AND HOUR OF DEA	6º A
FULL NAME OF HOSPITAL OR INSTITUTION	OF Ut not in oddross of Memoria	AL NUI	rsing Home,	A. STATE B. COU Maryland C. CITY OR TOWN (IF O	outside city limits, will rurel, give lacetion)	te RURAL and give township)  Reyland.
SEX M	6. RACE	7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 4-9-79	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Manths Days Hours Mir
	CUPATION (Give kin f warking life, even if	retired)	NO OF BUSINESS OR INDUST	Not given	roign country)	12. CITIZEN OF WHAT COUNTRY?
LINENO	ME			UN Know		
. Was Decease	d Ever in U. S. Ar	rmed Forces? I or dotos of so	(vico) 16. SOCIAL SECURITY NO.	17. INFORMANT Not known		ADDRESS
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(This does head lailure, injury ar can DISEASES use la IN	LEADING TO 1 nat mean the m , asthenia, etc. It mplication which ANTECEDENT C OR CONDITION the above caus IG CONDITION	DEATH nade of dying, I means the discaused death, CAUSES NS, if any, se (A) stating last.  TIONS CONTRIL	giving (C)	PERTENSIVE C	LAR ACE	SENARE DISTASE
(This does head lailure, injury ar can DISEASES use la HUNDERLYIN	LEADING TO 1 nat mean the m , asthenia, etc. It mplication which ANTECEDENT C OR CONDITION the above caus IG CONDITION  IFICANT CONDITION  IFICANT CONDITION  FOPERATION	DEATH nade of dying, I means the di caused death.) CAUSES  IS, if any, se (A) stating last.  THONS CONTRII DIT RELATED T USING IT.	BUTING O THE  FOR WHICH OPERATION	PERTENSIDE C	No)] 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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THE STATE OF DEATH IN BALTIMORE, MARKLAND  S. PLACE OF DEATH IN BALTIMORE, MARKLAND  S. PLACE OF DEATH IN BALTIMORE, MARKLAND  FULL NAME OF IN STATUTION  ROSPITATION  ROSPITA		TALEANT CERTIFICATE OF DEATH Registered N	66 08375
Second   Provided		NAME OF DECEASED	TH 5-45
Objects of Condition Directly  Institution  Service April 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	0 .	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. 1	
5. SEE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CITY OF CONTROL STRUCK  TO THE BEATH BUT NOT BELATED TO THE  DISEASE OR CONDITIONS, if any, giving rise to the obover couse (A) stating like UNDERTRING CONTROL STRUCK  ANTICEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving rise to the obover couse (A) stating like UNDERTRING CONTROL STRUCK  DISEASE OR CONDITIONS, if any, giving rise to the obover couse (A) stating like  UNDERTRING CONTROL STRUCK  TO THE BEATH BUT NOT BELATED TO THE  DISEASE OR CONDITION (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT BELATED TO THE  DISEASE OR CONDITION (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF WHAT COUNTRY (S).  III  OTHER SIGNIFICANT (S).  III  III  OTHER SIGNIFICANT (S).  III  III  OTHER SIGNIFICANT (S).	1	HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN All outside city limits, wri	
S. ER   C. SACT   P. MABRIED, NIVER MARRIED   D. ADAT OF BUTTY   S. P. ADATE   P. C.   I Under 24   P. C.     P. C.     P. C.   P			+ Aug. 2122
10. SUSIAL OCCUPATION (Cive kind of working life, year of referred)  13. FATHERS NAME  SAM LE  A. MOTHERS MAINE  14. MOTHERS MAINE  15. Was Deceased Even in U. S. Armed Forces?  15. Was Deceased Even in U. S. Armed Forces?  15. Was Deceased Even in U. S. Armed Forces?  15. Was Deceased Even in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH  INTERVAL BETWEEN  ONSET AND DEATH  INTERVAL BETWEEN  ONSET AND DEATH  ITHIS does not men the mode of dying, e.g., head foliation, etc. It means the diseases, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS if day, giving size in the obout couse (A) stoling the UNDERLYING CONDITIONS to THE DEATH BUT NOT THE DEATH BUT NOT RELATED TO THE  18. A. ACCIDENT WAS UNDERLING  OF INJURY  IN ACCIDENT WAS UNDERLING  OF INJURY  INJURY OCCUR  While A I WAS  INJURY OCCUR  While A I WAS  INJURY OCCUR  OF INJURY  INJURY OCCUR  I		SEX 6. RACE 7. MARRIED, NEVER MARRIED 8, DATE OF BIRTH 4529, AGE (In years widowed, DIVORCED (specify)	
S. WEN Deceased Earl in U. S. Armed Forces?   15. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. SOCIAL SECURITY NO.   18. SOCIAL SECURITY NO		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country)	
18.   DISEASE OR CONDITION DIRECTLY   LEADING TO DEATH   CAUSE OF DEATH			Stancel
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard follow, ashenic, etc., It means the dispose, injury or complication which caused death).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving fise to the obove cause (A) slating the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISPASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION TOR WHICH OPERATION  DISEASE OR CONDITION CONTRIBUTING DISPASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING DISPASE OR CONDITION CAUSING IT.  DISPASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION FOR WHICH OPERATION  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION FOR WHICH OPERATION  DISEASE OR CONDITION CAUSING IT.  DISEAS		Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL   17. INFORMANT	ADDRESS
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore City, give exoct locotion)   6R CONTRIBUTING   CAUSE OF DEATH?  19A. DATE (Month)   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore City, give exoct locotion)   6R CONTRIBUTING   CAUSE OF DEATH?  19A. DATE (Month)   21B. INJURY OCCUR?  21D. TIME   (Month)   (Doy)   (Yeor)   (Hour)   21E. INJURY OCCURRED   (INJURY OCCUR?   (Month)   (Doy)   (Yeor)   (Hour)   21E. INJURY OCCURRED   (INJURY OCCUR?   (Month)   (Doy)   (Yeor)   (Hour)   21E. INJURY OCCURRED   (INJURY OCCUR?   (INJURY O		UNDERLYING CONDITION lost.	
Death of Operation   198. Condition for which operation   20A. Autopsy? (Yes or No)   20B. If YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?   21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING   CAUSE OF DEATH?   21D. Time   (If in Boltimore City, give exoct locohon)   21D. Time   (Month) (Doy) (Yeor)   (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   (INJURY OCCUR?   21D. TIME   (Injury occurs)			
OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   218. PLACE OF INJURY OCCUR?  21D. TIME   (Month) (Doy) (Year)   (Hour)   21E. INJURY OCCURED   While   At Work   At Work    22. I certify that (I) (this haspital) attended the deceased fram   19		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  8-14-66  23D. ADDRESS M.D.  24D. LOCATION (City, town, or county)  8-17-66  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FINERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  25C. FINERAL DIRECTOR  ADDRESS  ADDRESS			apinian death accurred an the dat
23D. ADDRESS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  8-7-66  DALL Matternal Common (City, lown, or county)  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		1 1 2 1 1 1 1	
M.D.  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  8-17.66  Dall Statzonal Company  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FINERAL DIRECTOR  ADDRESS		23C. PHYSICIAN'S [23 D. ADDRESS	8-14-66
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS &			(City, town, or county) (State)
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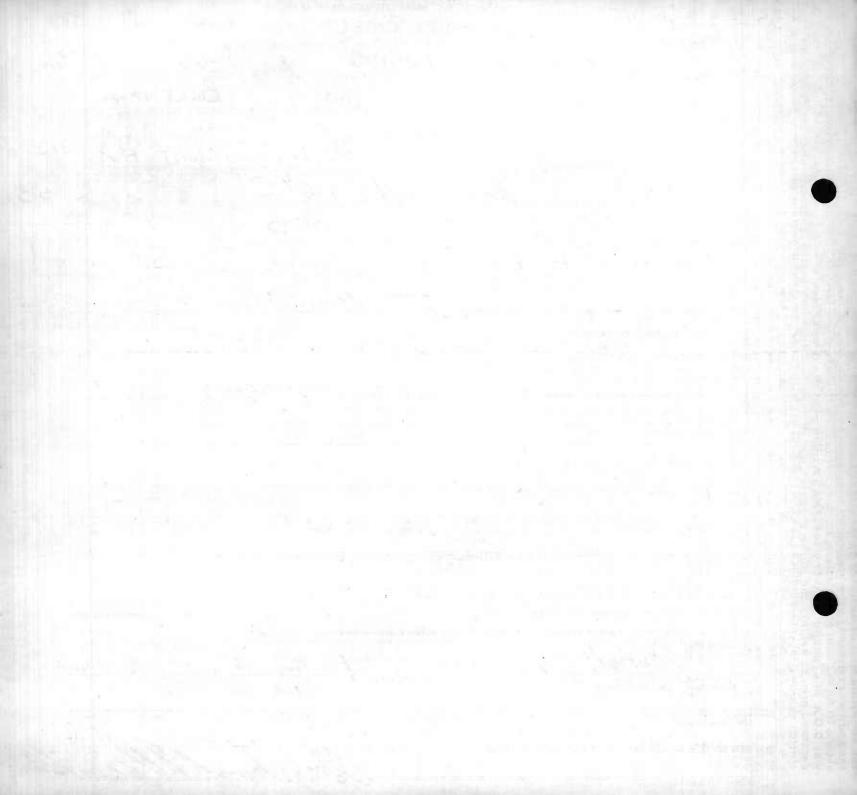


Fig. 1 - Section 1997 - Commence 2011 - Commence 2011 

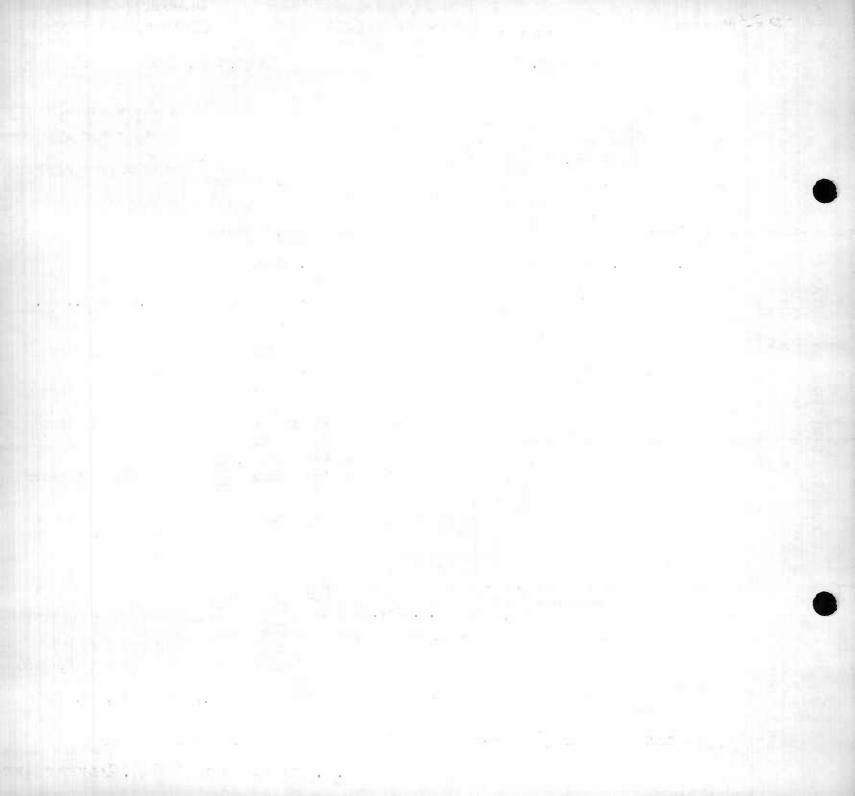
BALTIMORE CITY HEALTH DEPARTMENT 66 08377 Registered Na. 66 183 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) Mary Margaret Koontz Aug. 16, 1966 RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) Emmittsburg US Public Health Service Hospital D. STREET ADDRESS (If rural, give location) Rt. Wyman Pk. Drive & 31st Street B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthday Months Doys Hours 1/6/02 Married 64 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. Frederick Co. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Byard Rosann? ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO. Records- US PHS Hospital, Balto, Md. 214-28-6005 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute myocardial infarction Hours LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which coused death,) Afteriosclerotic heart disease Years ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION IOSI Acute myelogenous leukemia wks. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Questionable obturator h TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, lorm, loctory, street, olfice bldg., INJURY OCCUR? (Il in Boltimore City, give exoct location) etc.) DEATH (notify medical examiner MEDI (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Aug. 10 22. I certify that (V (this hospital) attended the deceased from...... 19 66 thot/(1) (we) last saw the deceased alive on Aug. 16 ond that in (ply) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did/n/n/)/view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [ M.D. Med. 8/16/66 Director 23C. PHYSICIAN'S 23D. ADDRESS Morton R. Axelod, Surgeon (R) US Public Health Service Hospital, Balto, Md. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify Emmitsburg, Frederick Co. Ed.

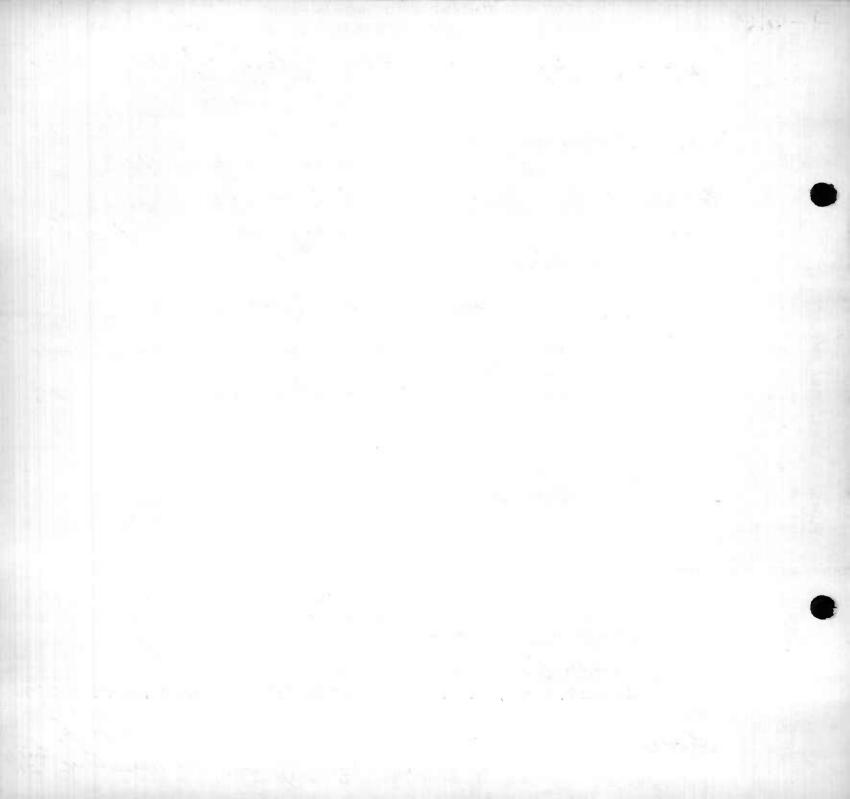
Aug. 19, 1966 Elias Lutheran Cemetery Emmitsburg 25A. DATE REC'D BY HEALTH DEPT. EmmitsburgMd. 1966 VS 150-REV. 1/1/65

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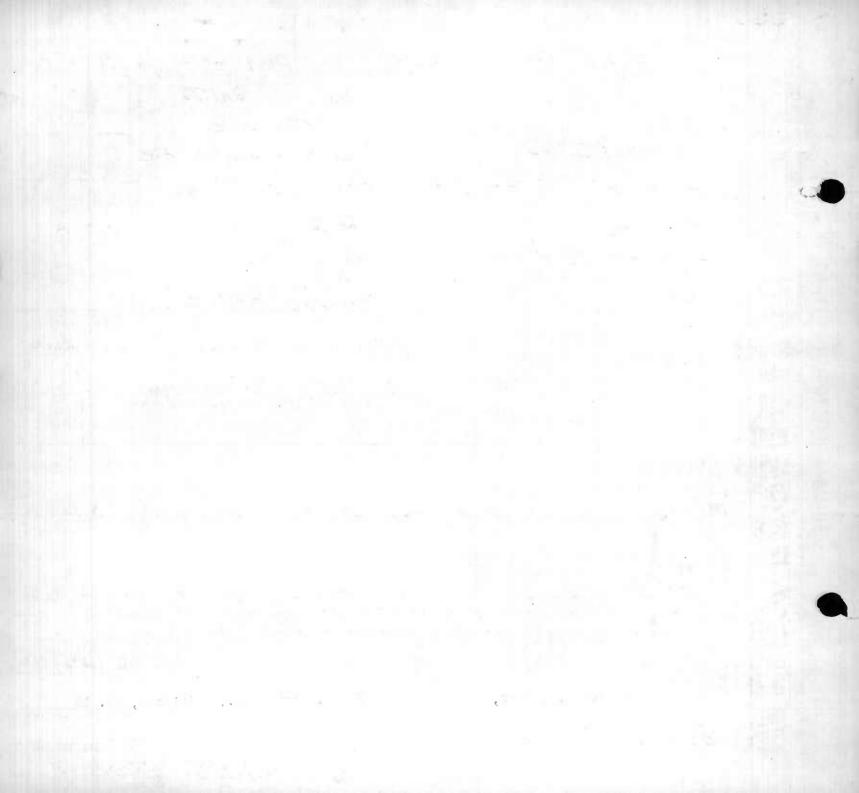
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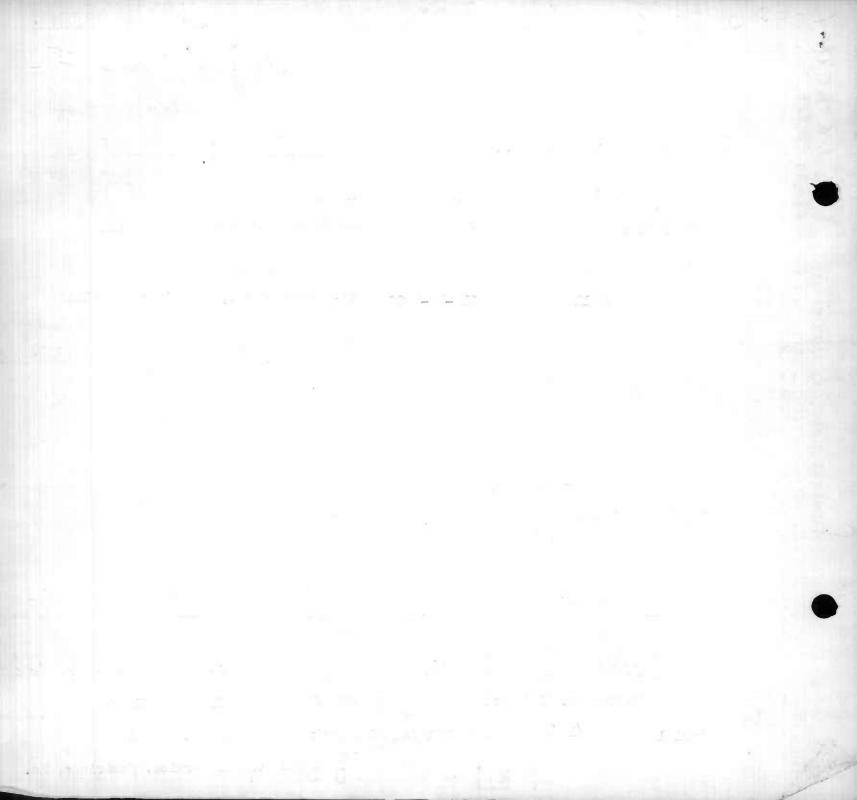
FUNERAL





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1	н но. 66 08380	CERTIFICA	TE OF DEATH	Registered No	00 00000
1.N	AME OF DECEASED	1 1.	2. DATE AND	HOUR OF DEATH	
(Ту	e or Print GRACE CECTI	IA KIRWAN	au	quest 14,19	966 10:45 A N
3.	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titutian: residence before admission
	TULL NAME OF (If not in hospital or institut	ina cius sheet	Md.	BALTO	
	HOSPITAL OR oddiess or lacotion)	iun, give sneet	C. CITY OR TOWN (If outs		URAL and give tawnship)
7	CLIFTON NUTSING 1	Home		rille	53-00
	3502 ClifTON Ave			nal, give location)	
			111 S. Sym		
5. 5	EX 6. RACE 7. MARI	RIED, NEVER-MARRIED OWED, DIVORCED (specify)		AGE (In years ost birthdoy)	Months Doys Hours Min.
		Idowed	5/28/1885	8/	
	USUAL OCCUPATION (Give kind of work 10B, KINI educing most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		BALTO, 1	18	U.S.A
	FATHER'S NAME	- 1	14. MOTHER'S MAIDEN NAM		
(	FORGE CLIPPE	R	SARAH RA	FMON	
15.	Wos Deceased Ever in U. S. Armed Forces? ,,no ar unknown)(If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT	-	ADDRESS
,, 0	NO	SECURITY NO.	maclaur B	RAFAIN	1eti
_	18. 433.01	CAUSE OI	F DEATH	ILLIN	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	Heory B	lock	Sudden
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	E/		Arman .
	injury ar camplication which caused death.)	0.	10 to a to	ni asalinia	40
	ANTECEDENT CAUSES	DUE TO	Heart B	amissio	2
	DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating	ving	•		
	UNDERLYING CONDITION lost.				
-	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TILE	18 3 4 4		
CA	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No!	20B. IF YES. WERE FI	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)	nos siogn into al Occor:		
<u>a</u>	21D. TME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	(APPROX)	White At Not While At Work	· 🗀		
	22. I certify that (I) (this hospital) attend			16.3 to Que	quor 14 10 66
	that (I) (we) last saw the deceased alive	on august 13	1966 and the	t in (my) (qur) colo	lan death accurred on the dat
-	and hour and fram the causes stoted obay	V		(m), (aoi, apin	Joon Geedited on the dol
	23A. SIGNATURE	o. (.) (e) (did) (did nat) V	iew the body offer death.		23B. DATE SIGNED
	Marining & All	M.D. Atte	nding Med.	Stoff	ONG 111 10//
	23C.PHYSICIAN'S		23D. ADDRESS	Phy s. 🔲	West 1766
	Maurice E. Shames			D- 24 /	
24/	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	3300 W. North A	CATION (Cin	ore, Md. 16 v. tawn, ar county) (Stote)
-	SEMOVAL (Specify)				
351	DATE REC'D BY HEALTH DEPT. 25B. NA	CEDAR 1412 ME OF REGISTRAR	25C. FUNERAL DIRECTOR	A. Co.,	ADDRESS
		e & & Farburg	- Fas MMA	N/ARR A	ATTURE VILLE
VS	150-REV. 1/1/65	ANG. O. D.	1 2 2 101C	1100,0	2000
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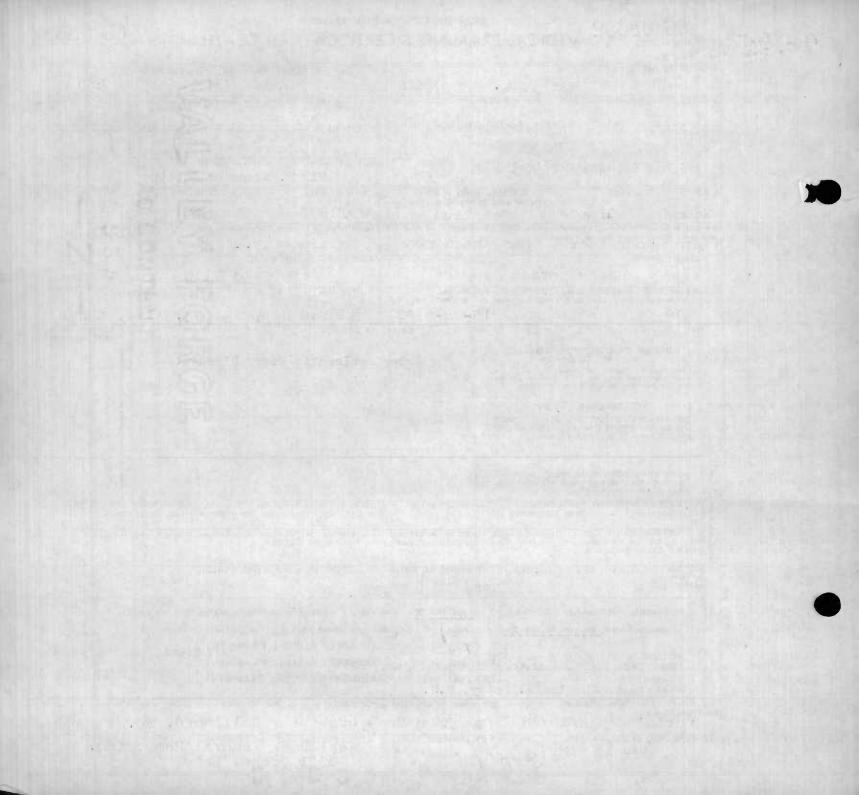




it A		66	08382
MI-	150	BIRTH NO.	00000
· W	900	ME CASE NO	1

MEDICAL	EXAMINER'S	CERTIFICATE	OF D	EATH	Registered Na.	56	U	(
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BIRTH NO.	MED	ICAL EX	AMINER 5 C	EKTIFICA	IE OF I	DEATH Registe	red Na.	70 00000
M.E. CASE NO.		·						
Type or Print)	HARRY	L.	MORAN			st 16, 1966	ED DEAD	3:50 P
3. PLACE IN BAL	LTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESI	DEN CE (Where	deceosed lived. If inst	itution: lesie	dence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TO		e corporole limits, write		nd give township)
					altimore		-0	
Johns	Hopkins Hosp	ital		D. STREET ADI		reeper Stre	et	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIR	тн	9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 H
Male	White		orced(specify)	8/9/189	8/9/1895   lost birthdoy)   71			Doys Hours Min.
	CUPATION (Give kind of world			Y 11. BIRTHPLACE	(State or foreig		12. CITIZE	EN OF T COUNTRY?
Route Su	f working life, even if retired)  1Pervisor	Home	Laundry	Balti	imore, M	ld.	WHA	COUNTRY
13. FATHER'S NA				14. MOTHER'S			196	
	Harry Mon					ta King	Post	
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
no		21	5-03-6783	Mildre	ed Hipp	s Moran,	wife,	above
18.	20.0		CAUS	E OF DEATH				INTERVAL BETWEEN
	ASE OR CONDITION DI LEADING TO DEATH		(A) Arter	iosclerot	ic Hear	t Disease.		
heort loilur	not mean the made of e, asthenia, etc. It means amplication which caused	the diseose,	DUE TO		# 0 6 # 0 + # 0 0 0 0 0 0 0 0 1 x 0 0 0 0 0 1	0.000.0		
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	ING CONDITION LAST.		(C)					×00-0000000000000000000000000000000000
5	11							
SHT OT THE	GNIFICANT CONDITIONS  DEATH BUT NOT RE  OR CONDITION CAUSING	LATED TO TH						
19A, DATE O	OF OPERATION 19B, CON		HICH OPERATION	20A. AUTOPS		208, IF YES, WERE FILL IN CERTIFYING CAU		
UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. P home, etc.)	form, foctory, street,	in or obout 21C. olfice bldg., INJUI	WHERE DID	(II in Boltimore City, gi	ve exoct lo	cotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	w	E. INJURY OCCURRED  HILE AT NOT ORK AT V	WHILE ORK	IOW DID INJU	JRY OCCUR?		ind the
22.	rtify that I held an I	nquiry 🗌			nd that on thi	is basis, deoth In n	ny opinlar	1
resu	lted from: Natural ca	uses X A	ccident 📗 Suicio	de Hamic	ide 🗌 👢	Indetermined manne	er 🗌	
ACTUA		arte 5	lay M.C	CHIEF A	MEDICAL EX			DATE SIGNED
EXAMI NAME	NER'S (Type) Charles	S. Peti	ty, M.D.	ASSOCIATE	MEDICAL E	(AMINER _	8	3/17/66
23A. BURIAL CR	EMATION, 23B. DATE		NAME OF CEMETERY	or CREMATORY	23D. L	OCATION (City,	town, or c	county) (Stoto)
Buria	8/20/		ak Laŵn Ce			Baltimore,		
24A. DATE REC'	AUG 18 1966		E Tarbutta			uneral Ho ms Lane	me, 1	nC.
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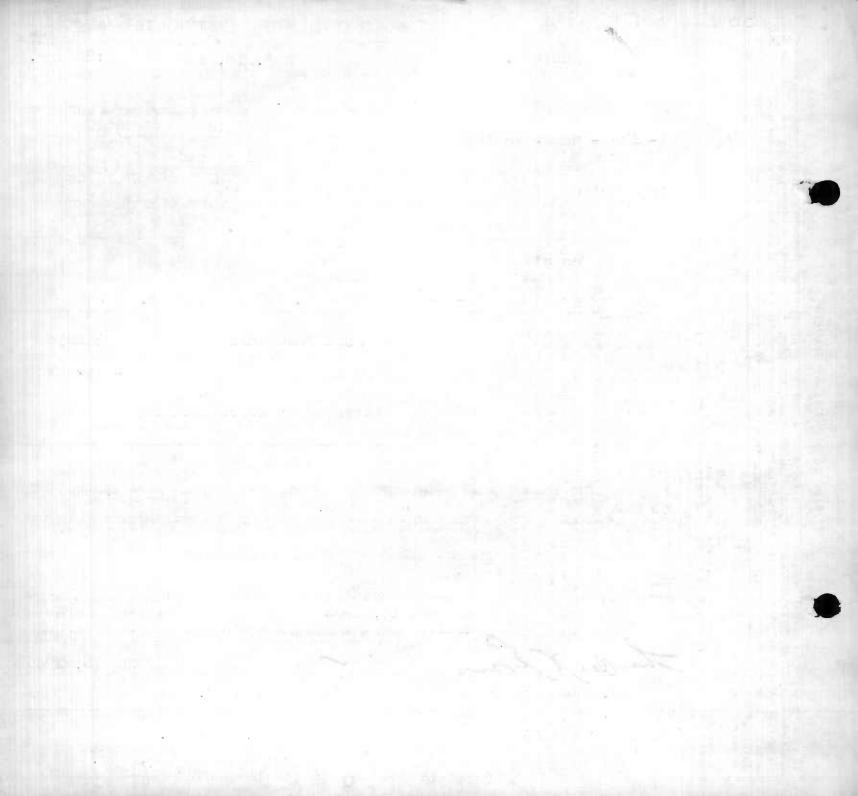
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 (18383)

A comment of the comm						
M.E. CASE NO.	ASED			10 DATE AND	HOUR BROWOUNG	ED DEAD
(Type or Print)		T	*******		HOUR PRONOUNC	
2 DI ACE IN BALTIA	LOUIS	J.	HAYWOOD	August	17, 1966	12:40 A M
S. FLACE IN BALIIM	AORE, MARYLAND, W	HEKE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where de	B. COL	INTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITL	TION, GIVE STREET	Maryland c. city or town (If outside	samanta Kesita . 't	DIIDAL and aire to which
HOSPITAL OR	ADDRESS OR LOCA	A HON)			corporore limits, will	no kar one give township)
				Baltimore		com ( ) thereon
Church H	Home and Hos	spital		D. STREET ADDRESS (If rurol, g		
		*		2430 Jeffe	rson Street	t
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED(specify)				If Under 1 Yr. If Under 24 Hr. Months, Days, Hours, Min.		
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				YII. BIRTHPLACE (State or foreign		12. CITIZEN OF
one during most of wor	rking life, even if retired)			All and the second seco		WHAT COUNTRY?
Annealer B. FATHER'S NAME		Armco	co.	Baltimore, M	u.	
	Talam Timera	- 4			h Froehli	ick
	John Haywo					
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT 3107 Fr	istby St.	ADDRESS218
	, , , , , , , , , , , , , , , , , , , ,		-09-3546	Carolyn Fitzg		
1B.	~ 1/	210		E OF DEATH	,	INTERVAL BETWEEN
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AN	TECENDENT CAUSE	ES	(8)			
DISEASES OF	R CONDITIONS, IF A	NY, GIVING	DUE TO		***************	
	ABOVE CAUSE (A) S	IAIING THE				
Z			(C)			
2	ll ll					
OTHER SIGNII	FICANT CONDITIONS					
DISEASE OR	EATH BUT NOT RE		HE			
OTHER SIGNII TO THE D DISEASE OR 19A. DATE OF C	PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20		
Ö	WAS PER	FORMED		No II	CERTIFYING CAU	SES OF DEATH?
21A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,		in Baltimore City, gi	ve exoct location)
UNDERLYING COUSE	OR CONTRIB-	home,	, form, factory, street,	office bldg., INJURY OCCUR?		
Ę	or beating					
OF INJURY	Manth) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
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22. I certif		nquiry 🗌	Inspection X Au	ond that on this  Hamicide Un  CHIEF MEDICAL EXA	determined mann	
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22. I certif resulte ACTUAL SIGNATUI EXAMINE NAME (Ty 23A, BURIAL CREM. REMOYAL (Specify) BURIAL	RE R'S Charles ATION, 23B. DATE 8/20/6	uses X A  aul. S  S S . Pet  236	Inspection X Au ceident Suicio  ty, M.D.  C. NAME of CEMETERY  Parkwood Ce	topsy ond that on this  Hamicide Un  CHIEF MEDICAL EXA  ASSISTANT MEDICAL EXA  ASSOCIATE MEDICAL EXA  OI CREMATORY  METERY  Bal	determined manner MINER  MINER  MINER  MINER  CATION (City, timore, I	DATE SIGNED 8/17/66  town, or county) (Stote) Md.
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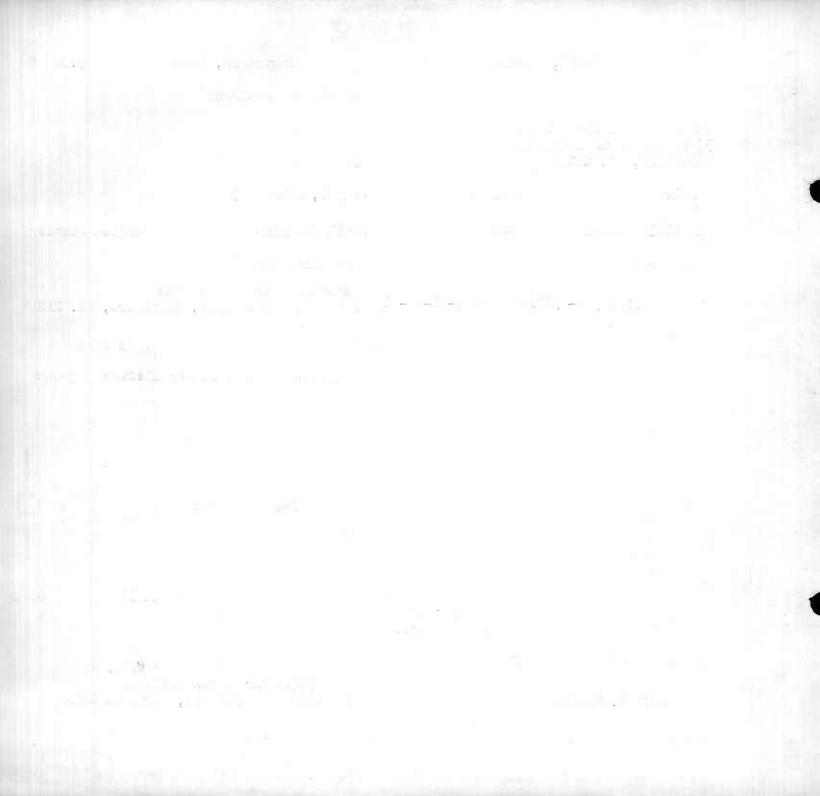


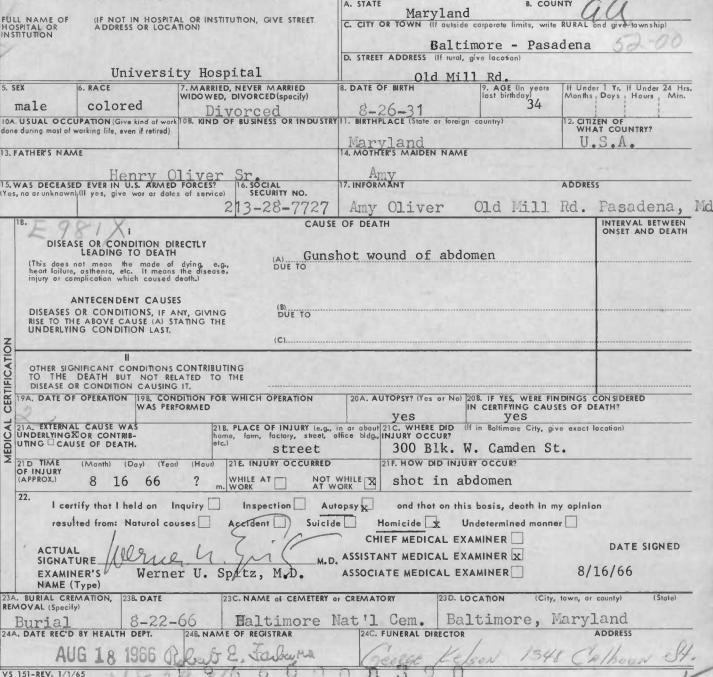
	AME OF DECI	ASED		2. DATE AND HOUR OF DEATH	EDI		
	oe or Print)		A L. CANNON	Aug. 15, 1966	5:20 P.		
F	FULL NAME OF HOSPITAL OR NSTITUTION	TH IN BALTIMORE, MA  F (If not in hospital oddress or location	or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE  B. COUNTY  MC.  C. CITY OR TOWN (If outside city limits, write	RURAL and give township)		
)	Bel-A	ire - House	e in the Pines	Kingsville  D. STREET ADDRESS (If Turol, give locotion)  Hillside Road	53-00		
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi		
	female	white	widowed	5/31/76 90			
		PATION (Give kind of work vorking life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?		
	Housewi		at home	Monford, Tenn.			
13.	FATHER'S NAM	NE .		14. MOTHER'S MAIDEN NAME			
		Penne:	1	unknown			
		Ever in U. S. Armed For		17. INFORMANT	ADDRESS		
Tes		(If yes, give war or date	452-86-8651	Helen C. Josselyn, dgh			
	1B. 45	0.01		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
H		E OR CONDITION DIR LEADING TO DEATH at meen the made af	'I'e	rminal Pneumonia	3 days		
	heart failure, injury or com	asthenia, etc. II means plication which coused ANTECEDENT CAUSES	the disease, death.)	Uremia			
			DUE TO				
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MEDICAL CERTIFIC	OTHER SIGNIFTO THE DE DISEASE OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)	R CONDITIONS, if obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACIONATION CAUSING FOR CONTROL (CONDITION CAUSING FOR CONTROL (CONTROL CONTROL CONTROL CONTROL (CONTROL CONTROL CONTROL CONTROL CONTROL (CONTROL CONTROL	ONTRIBUTING STORMED  ONTRIBUTING ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., bome, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Why	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locoron)		
MEDICAL CERTIFIC	OTHER SIGNII TO THE DE DISEASE OR O 19A-DATE OF  21A-ACCIDEN OR CONTRIBU DEATH (notify 21D-TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	R CONDITIONS, if obave couse (A) obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING (CATH) PROPERTING THE CONDITION CAUSING (CATH) (CAUSE OF MASS	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Why Work At Work ) attended the deceased from Indianal Control of the control of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Sept 1962 19 to AU  3 1966 and that in (my) (aur) api	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)		
MEDICAL CERTIFIC	OTHER SIGNIFE TO THE DESCRIPTION OF THE DESCRIPTION	R CONDITIONS, if obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACIONAL NOT RELACIONAL SING 1 (PROPERTION 198. CON WAS PERFORMED (Month) (Doy) (Year)  That (I) (this hospital last saw the deceased from the causes state (A) (CONDITIONS (A) (CONDITIO	ONTRIBUTING STORMED  ONTRIBUTING T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Whyork At Work  Outline At Not Whyork  Outline At Not Work  Outline At Not Whyork  Outline At Not Work  O	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Sept 1962 19 to AU  3 1966 and that in (my) (aur) api	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  19 6		
MEDICAL CERTIFIC	OTHER SIGNII TO THE DE DISEASE OR O 19A-DATE OF  21A-ACCIDEN OR CONTRIBU DEATH (notify 21D-TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	R CONDITIONS, if obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACIONAL NOT RELACIONAL SING 1 (PROPERTION 198. CON WAS PERFORMED (Month) (Doy) (Year)  That (I) (this hospital last saw the deceased from the causes state (A) (CONDITIONS (A) (CONDITIO	ONTRIBUTING STORMED  ONTRIBUTING STED TO THE T.  DITTON FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whome At Work  At Work  of alive an August 14  red abave. (1) (We) (Atd) (did nat)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3 Photographic of the state	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect location)  19  nion death accurred an the		
MEDICAL CERTIFIC	OTHER SIGNII TO THE DE DISEASE OR (19.A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU	R CONDITIONS, if obave couse (A) obave couse (A) obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING (CONDITION C	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  Not Whork  At Word  At Word  At Word  At Word  At Glive an August 14  And Algust 14  And	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE IN CERTIFYING CA in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3 1966 and that in (my) (aur) api view the bady after death.  22D. ADDRESS  4012 Kahlston Rd	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  19 6		
MEDICAL CERTIFIC	OTHER SIGNIE TO THE DE DISEASE OR (19 A. DATE OF 19 A. DATE OF 19 A. DATE OF 19 A. DATE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23 A. SIGNATU 23 C. PHYSICIA NAME (T)	R CONDITIONS, if obave couse (A) obave couse (A) obave couse (A) obave couse (A) (CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING TO WAS PERFORM (Manch) (People of the couses stated of the couses	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork At Word  At word  attended the deceased from  and alive an August 14  and alive an August 15  and alive an August 15  and alive an August 16  and alive an August 17  and alive an August 17  and alive an August 17  and alive an August 18  a	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Sept 1962 19 to AU  1966 and that in(my) (aur) api view the bady after death.  Hending Med. Stoff Phys.  22D. ADDRESS 4012 Kahlston Rd.	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locotion)  19  nian death accurred an the		
MEDICAL CERTIFIC	OTHER SIGNII TO THE DE DISEASE OR (19.A. DATE OF  21.A. ACCIDEN OR CONTRIBU DEATH (notify 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23.A. SIGNATU 23.C. PHYSICIAI NAME (T)  A. BURIAL CREA REMOVAL (S BURIAL CREA	R CONDITIONS, if obave couse (A) obave couse (A) (CONDITION lost.  II FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IT OPERATION 198. CON WAS PERFORMED (Month) (Day) (Yeer)  (Month) (Day) (Yeer)  that (I) (this hospital last saw the decease from the causes state of the couse state of the co	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work  ad alive on Algust 1  red abave. (1) (We) (Sid) (did nat)  DITE Evans  M.D. Algust 1  M.D. Algust 1  M.D. Algust 1  OTE Evans  M.D. Algust 1  Algust 1  M.D. Algust 1  M	20A. AUTOPSY? (Yes or No)   20B. IF YES. WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact locohon)  19  nian death accurred on the  238, DATE SIGNED  Aug 16, 196  ity, town, or county) (Si		

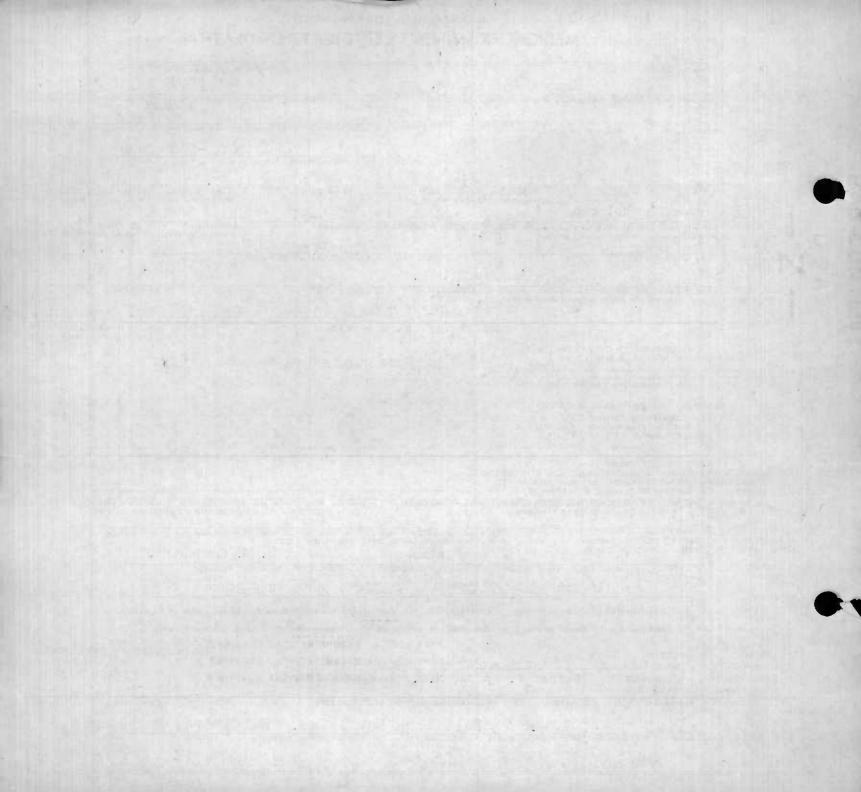


a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		66 08386
BIRTH NO.	66 083	86	CERTIFICA	TE OF DEATH	Registered Na	. 00 00000
M.E. CASE NO.	CEACED				ND HOUR OF DEATH	
Type or Print)		DODDIE				
	BROWN, I			Augu	st 16, 1966	9:00 P
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. COU	NTY	institution: residence before admission
FULL NAME O	OF (If not in hospital oddress or location		give street		LTIMORE	
INSTITUTION	The state of the s		T CT A T		jutside city limits, write	RURAL and give township)
			LTAL	D. STREET ADDRESS	f iurol, give location)	G/ (_
	H RAVEN BOULE	VARD				
	E, MD. 21218		NIGHT IN A COLOR	3045 WALBROOM		
Male	6. RACE		NEVER MARRIED D, DIVORCED (specify)	July 7, 1923	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		108. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	NG CLERK	NEGR	0	South Complian		United States
REACHERS NA		24230121	~	South Carolina		United States
York Br				Lou Anna Head		
5. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no oi unknowi	n) (If yes, give wor or dote	s of service)	SECURITY NO.	Veterans Hos		is
Yes	12/21/43-4/2	3/40	247-32-08-42		ven Blvd, Ba	altimore, Md. 21218
18. 4	2 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY	The The		1 month	
(This does	LEADING TO DEATH	duine a -	(A)	emia	***************************************	T MORICII
	nal mean the mode of , asthenia, etc. Il means					3
injury or cor	mplication which coused	deoth.)	Hy	pertensive Car	diovascurar	disease 3 years
	ANTECEDENT CAUSES		DUE TO	***************************************		
DISEASES	OR CONDITIONS, if	any, giving				
	ne obave couse (A)	sloting the	(C)			
UNDERLIIN	G CONDITION last.					
TO THE C	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ATED TO TH				
19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or )	No. 208, IF YES, WERE	E FINDINGS CONSIDERED
19A. DATE OF	WAS PER			Yes	IN CENTEVING C	AUSES OF DEATH?
	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
DEATH (notify	UTING CAUSE OF y medical examiner)	hon etc.		fice bldg., INJURY OCCUR?		
U		(11- ) (21-	. INJURY OCCURRED	215 112 11 2 11 2 11		
OF INJURY	(Month) (Doy) (Year)			21 F. HOW DID IN	AJURA OCCORS	
(APPROX)		W	ile At Not Whit	e		
22   conside	y that (26) (this hospital	I) ettended t	be deserred from all	lv 10	19 66 to Aug	gust 16 19 66
			ne deceded troit	W		3450.40
1	) last saw the decease					pinion death accurred an the da
and have an	nd fram the causes sta	ted abave. (	(We) (did) ( <del>did hoi</del> ) v	iew the bady after death	•	
23A. STONATI	URE					23 B. DATE SIGNED
1 XI	In Vun	w	M.D. Atte	ending Med. Director	Stolf Phys.	8/17/66
23C. PHYSICIA	AN'S		Phy			
NAME (	Typel			23D. ADDRESS 3900 Lo		
	ID N. MARINE		M.D.			Maryland 21218
4A. BURIAL CRE	EMATION, 248. DATE	24C.N	AME of CEMETERY OF CRI	MATORY 24D.	LOCATION	City, town, or county) (State)
13/10/11	0 8/20/	1.1	B. Ot. n	AA.1	30. OA -	· mal
5A. DATE REC'D	BY HEALTHY DEPT.	258 NAME	OF REGISTRAR	25G. FUNERAL DIRECTO	secum	ADDRESS
DATE REC L	or meaning bern 7	A CONTRACTOR	O T. Com	TO WERAL DIRECTS	20 7	O Policiss
A	UG 18 1966 (	17.0.16	E. Valley Mai	Del Jak	Dison f.	event 140m
/S 150-REV. 1/1/	/65					





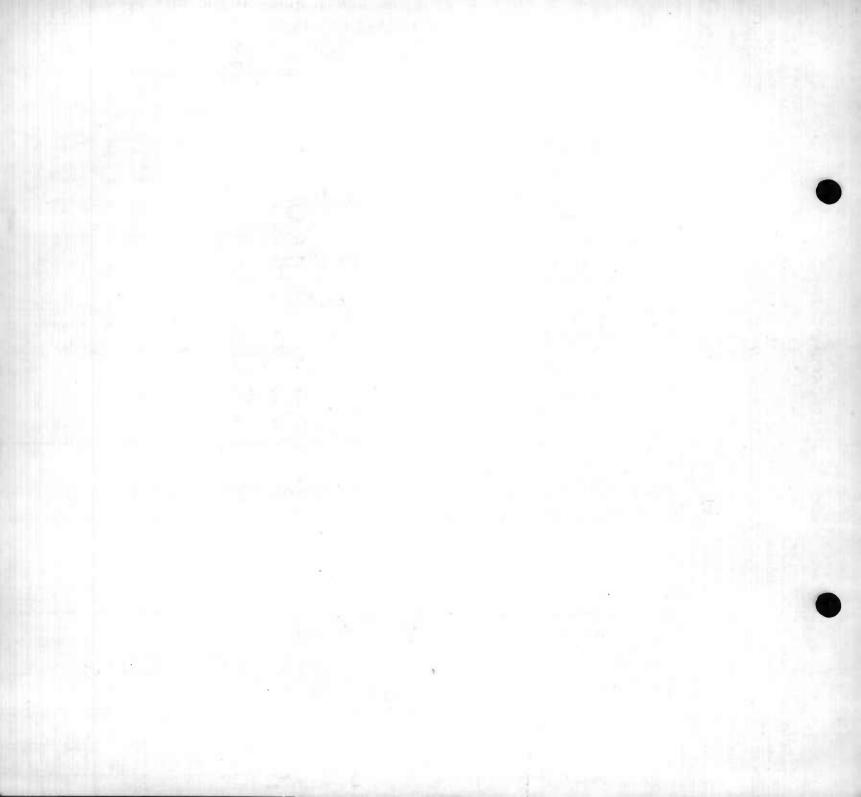


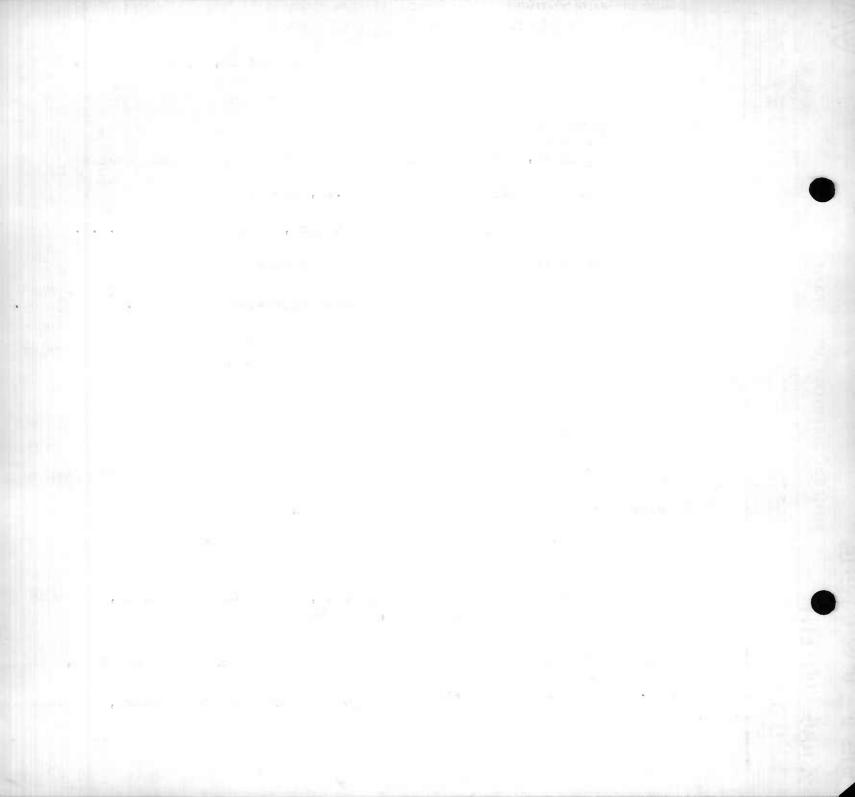
IMPORTANT

DIRECTOR:

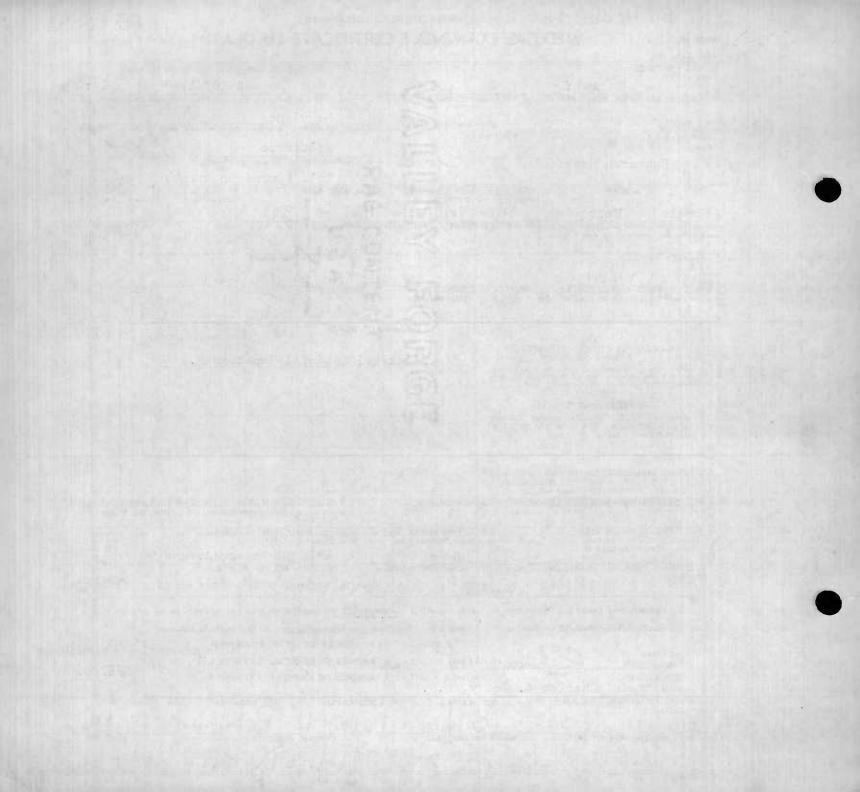
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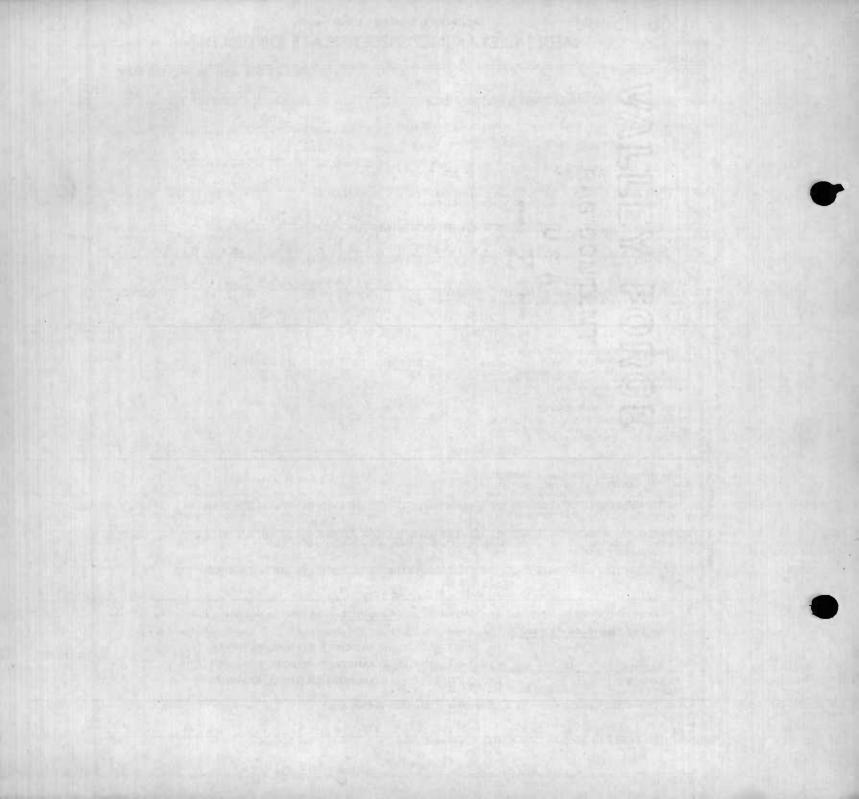
	ICAL EXAMINER'S C	EKIIFICATE OF DEATH Registered Na.
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) MARY	JOHNSON	August 16, 1966 10:10 P
3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
		A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
/		Baltimore / 6 / 9
Lutheran Hospita	al al	D. STREET ADDRESS (If rurol, give locotion)
		1912 Edmondson Avenue
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Months, Doys, Hours, Min.
Female Negro	Married	11 Vay 15, 1933 33
done during most of working life, even if refired)		RY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
0		Chi a m cca
15. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SO CIAL	17. INFORMANT ADDRESS
(Yes, no or unitrown) (If yes, give wor or do	tes of service) SECURITY NO.	mask in the state of the state
118.	2011	Mys Elsie m. torney 619 N. tulton a
" = 983 X	CAUS	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		owal Cubdural Homatomata
(This does not mean the mode o	of dying, e.g., DIF TO	eral Subdural Hematomata.
heart failure, asthenia, etc. It mean injury or complication which coused	is the discose. I death.)	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. CO WAS PE	ELATED TO THE	
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes
ZIA. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-	21 B. PLACE OF INJURY (e.g.,	, in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	etc.) Home	office bldg, INJURY OCCUR?  1912 Edmondson Avenue
Z 21D TIME (Month) (Doy) (Yes		
(APPROX.) 8 16 66	A WHILE AT NOT AT WORK	WHILE Struck about face during altercation.
22. I certify that I held an		utopsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural co	auses Accident Suici	de Homicide X Undetermined manner
ACTUAL	1 /	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE	harles Very M.C	D. ASSISTANT MEDICAL EXAMINER 8/17/66
EXAMINER'S NAME (Type) Charle	s S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stute)
REMOVAL (Specify) 8-23	2-66 Baldmare	National Bultimore. Mary kno
DAA DATE BECID BY HEALTH DEST	DAR MANAE OF PECICEDAD	
AUG 18 1966	24B, NAME OF REGISTRAR	Martin & Duett Fill 1701 Laurens



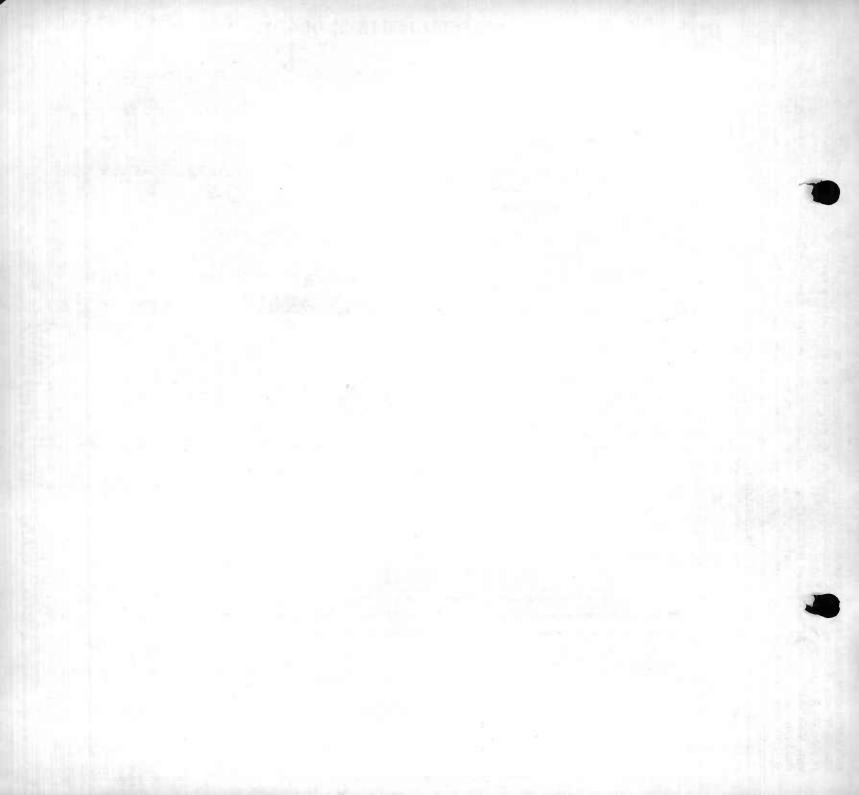
66	08392	8	ALTIMORE CITY HE	ALTH DEPARTMEN	NT	66 08392
BIRTH NO.	MED	ICAL EX	AMINER'S	CERTIFICA	TE OF DEATH Registe	red No
M.E. CASE NO.				BW ST L		
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNCE	ED DEAD
	ROBERT	W.		MITH	August 16, 1966	6:30 P M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, If insti	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION GIVE STREET	Ma	ryland	
HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	ATION)	HOIT, GIVE STREET		WN (If outside carparate limits, write	RURAL and give township)
				Ва	ltimore	
South	Baltimore Ge	eneral Ho	spital	D. STREET ADD	RESS (If rural, give location)	f
				29	10 Breighton Street	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT	7. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months, Doys, Hours, Min.
Male	Negro	11100 1120, 0	TV ORCED (Specify)	March	14,1926 40	Tours Doy's Hours Ivilla.
	CUPATION (Give kind of wor	k 108. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
done during most of	working lile, even if relired)	min	rudock	Paltin	sive March of	WHAT COUNTRY?
13-FATHER'S NA	ME 2)	1.0.	Madrock	14. MOTHER'S N	MAIDEN NAME	Vi Di M.
Kilo	Jul Comit	1	~	Music	. O C H	
15. WAS DECEAS	ED EVER IN U.S. ARMED	o FORCES?	16. SOCIAL	17. INFORMANT	ne a syning	ADDRESS
(Yes, no or unknow	n) (If yes, give war ar date	es of service)	SECURITY NO.	20 .00	A	0
yes		20		Mis Ma	ry C.Sm. th. e	2910 Buchton
18.	If X		CAU	ISE OF DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D	RECTLY				
(This does	LEADING TO DEATH		/	matic Hear	t Disease.	72.2000 × 02.002.2 <b>22.</b> 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
heart failure	not meen the mode of e, asthenia, etc. It means emplication which caused	s the disease,	DUE TO			
mory or co	implication which coused	de0111.7				
	ANTECENDENT CAUS		(B)			
RISE TO TH	OR CONDITIONS, IF A	ANY, GIVING	DUE TO			
	NG CONDITION LAST.		(C)			
OTHER SIG			(0/			•••••••••••••••••••••••••••••••••••••••
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTIN	G			
TO THE	DEATH BUT NOT RE	LATED TO TH				
	F OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPS	1? (Yes or No) 20B, IF YES, WERE FIN	IDINGS CONSIDERED
0		REFORMED		Yes	IN CERTIFYING CAUS	
	AL CAUSE WAS	21B. P	LACE OF INJURY (e.		WHERE DID (If in Boltimore City, giv	
UTING CAL	OR CONTRIB-	home,	form, factory, street	, office bldg., INJUR	Y OCCUR?	
E 21D TIME	(A) (A) (D) (V	1 123	E. INJURY OCCURRE	6 015 11	OW SID KILLIAN OCCUPA	
OF INJURY	(Month) (Day) (Yea				OW DID INJURY OCCUR?	
(APPROX.)		m. W	ORK NO	WORK		
22.	rtify that I held on I	ngulry -	Inspection	Autopsy 🔀 on	d that on this basis, death in m	v onlalen
			A -			
rosu	Ited from: Noturol co	USES A	ccident Sulc	ide Homici		)r []
ACTUA		/	1		SEDICAL EXAMINER	DATE SIGNED
SIGNAT		Lack. S	1 cig M		SEDICAL EXAMINER	8/16/66
EXAMI		rles S.	Petty, M.D.	ASSOCIATE A	MEDICAL EXAMINER	0/10/00
23A, BURIAL CRE	TARRES .		NAME OF CEMETER		23D. LOCATION (City,	town, or county) (Stote)
REMOVAL (Specif	fyh	1 236	12 I CEMETER	of CKENTATORY	1 City,	town, or county) (Stote)
Burio	1 8-19-	66	124 Hmore	. Nationa	1 Baltimoro.	Maryland
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME C	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS

VS 151-REV. 1/1/65

1701 Laurens St.



00 00000	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 00000
IRTH NO. 66 08393 A.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	66 08393
NAME OF DECEASED Type or Print)  ART	WILLIAM	1) 8-	ND HOUR OF DEATH	7-10 Ph
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Whe		ution: residence before admissio
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or tocotion)	litution, give street	Mary an		
INSTITUTION		La Timor		Al ond give township)
INIVERSITY HO	SPITAL		rutol, give location)	1
		1627 Mel	I berry Str	Reet
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	5-11-02	lost birthdox)	Under 1 Yr. If Under 24 Hrs conths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or fore	eign country 1:	2. CITIZEN OF WHAT COUNTRY?
tous cwite		Kocky mount	, N.C.	005.
13. FATHER'S NAME	Fail Table	14. MOTHER'S MAIDEN NA	ME	
Eugene Lotton		hi231e		
15. Was Decoused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANE		ADDRESS
NO	212-12-9410	Mr. Junes W.	Miams 31	34 W. Lexing
18. 622 XI	CAUSE	F DEATH	THE WALLE	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	ANK	ATLC ARCH	ANEURYSM	
(This does not mean the mode of dying heart failure, asthenia, etc. 11 means the			***************************************	
injury or complication which coused death	,	1 = 2 0 0 - 1 = 12 - 5 1	- 211185	
ANTECEDENT CAUSES	(B) M DUE TO	HEROSCLE ROSI	OLLUES	4
DISEASES OR CONDITIONS, il ony,				
UNDERLYING CONDITION last.	(C)	<u> </u>	MARCE BEC-ES OFFICE PACE PACE PACE PACE PACE PACE PACE PA	### ### \$40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z OTHER SIGNAL S	MOLITIME			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE FINE	DINGS CONSIDERED
E				
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?	(If in Bottimore Ci-	ity, give exact location)
U		21F. HOW DID INJ	HIRY OCCUPS	
OF INJURY  (APPROX.)  (Month) (Doy) (Yeor) (Ho	While At Not Whi	ile 🗀	JOK! OCCOK!	
	Work At Work		10 /sh N	
22. I certify that (I) (this haspital) atte		6		rogest 16 19 46
that (1) (we) lost saw the deceased ali				n death occurred an the do
ond hour and from the couses stated of	pove. (I) (me) (did) (did not)	view the body offer deoth.		B. DATE SIGNED
Home & AVISTA	M.D. AH	tending Med.	Stoff	8/11/11
23C. PHYSICIAN'S	ch Ph	ys. Director 23D. ADDRESS	Phys.	0/16/66
23C.PHYSICIANS NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CE		LOCATION (City, 1	town, or county) (State)
REMOVAL (Specify) 8-30-66	m + AL	( )   2		Mariaka
25A, DATE REC'D BY HEALTH DEPT. 25B,	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	altimore	ADDRESS D
A 2220 + 2115				
AUG 1 8 1966 (R	les E. Farley MA	Mortonie Dyel	HEH. 1	70/ Lauxens.



B-435

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

WILD!	CAL LA	AMII TER 5 C	rici ii i	CAILOI	DEVILLERA			
M.E. CASE NO.						V		
1. NAME OF DECEASED (Type or Print)		m 11		2. DATE AN	D HOUR PRONOUNCE			
O O O O O O O O O O O O O O O O O O O	Frank	Bolden	114 44 44 44		8/15/		5:27 p	
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	A. STATE		deceased lived. If insti	NTY	be before of	dmi s sion)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA"	L OR INSTITU	TON, GIVE STREET	C CITY C	Virginia	le corparote limits, write	BUBAL and	- Landa de L	-1-1
HOSPITAL OR ADDRESS OR LOCA	TION)		C. CITI	K IOWIN (II) duisio	e corparore limits, write	KOKAL ONO	jive idwiisn	iib)
					ouscter Co.			
700/ - 1 -			D. STREET	ADDRESS (If rural,	give lacation)			
1804 Dukela								
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE O		9. AGE (In years lost birthday)	Months Doy		
male colored	Marr		Beto	ber 29, 19	27 38			
10A. USUAL OCCUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	ACE (State or foreig	gn country)	12. CITIZEN		
done during most of working life, even if retired)  Laborer			Glou	cester Co.	. Virginia	U.S.	A.	
13. FATHER'S NAME			14. MOTH	R'S MAIDEN NAM	, Virginia			
Jesse Bolden			Be	atrice Pat	terson			
15. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORA			ADDRESS		
(Yes, na orunknawn) (If yes, give war ar dates	of service)	SECURITY NO.	Can	ter Finere	1 Home - Glo	nicester	. Va.	
			Oal	oci i unci a	1 1101110 - 01 0	74000002	,	
1B. 5 0 / X		CAUSE	OF DEAT	Н			TERVAL BE	
DISEASE OR CONDITION DIR	ECTLY							
LEADING TO DEATH		(A) Asthm	atic b	ronchitis				
(This daes not meon the made of heart failure, asthenia, etc. It means	the disease,	DUE TO						
injury ar camplication which coused d	ream.)					TX PIL		
ANTECENDENT CAUSES	S	(8)						
DISEASES OR CONDITIONS, IF AIRISE TO THE ABOVE CAUSE (A) ST.		DUE TO			••••••			• • • • • • • • • • • • • • • • • • • •
UNDERLYING CONDITION LAST.	A 11110 1111					100		
Z		(C)						
OTHER SIGNIFICANT CONDITIONS (DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CONDITION CAUSING CAU	CONTRIBUTION	ıc						
TO THE DEATH BUT NOT REL	ATED TO TI							
DISEASE OR CONDITION CAUSING		WHICH OPERATION	20 4 41	TODEY2 (Von as Na)	20B, IF YES, WERE FII	NDINGS CON	CIDEBED	
WAS PERF		VHICH OFERATION			IN CERTIFYING CAUS			
	218	PLACE OF INJURY (e.g.,		yes	yes	un avant lanati	(an)	
O UNDERLYING OR CONTRIB-	home,	form, factory, street,	office bldg.,	NJURY OCCUR?	tir in Painmore City, gi	ve exoct locoli	an)	
UTING CAUSE OF DEATH.	etc.)							
Z1D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 2	E. INJURY OCCURRED		IF. HOW DID INJ	URY OCCUR?	1000		
(APPROX.)	m. W	HILE AT NOT	WHILE					
22.								
I certify that I held an In			tapsy X	and that an th	is basis, death in n	y apinlan		
resulted fram: Natural cau	ses X A	ccident Suicld			Undetermined manne	er		
1100		9-1-		EF MEDICAL EX			DATE SIG	NED
SIGNATURE Werne	7 h.	SM M.D	ASSISTA	NT MEDICAL E	KAMINER 🔀		7712 510	1125
EXAMINER'S			ASSOCIA	TE MEDICAL E	XAMINER	8/16	/66	
NAME (Type) Werner U.								
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	236	C. NAME of CEMETERY	CREMATO	23 D. L	OCATION (City,	town, or coun	ty) (	State)
Burial 8-21-6	6	Gloucester Fi	eld	Glo	ousester, Vi:	rainia		
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	240	CHAIRDAL DIRECTOR		ADD	RESS	
		070	Ce	urter Funer	al Home - G	loucest	מז יים	
AUG 1 8 1966	12.0 B	- & starketa					, va	•
VS 151-REV. 1/1765	A SHIP	0 0 17						1

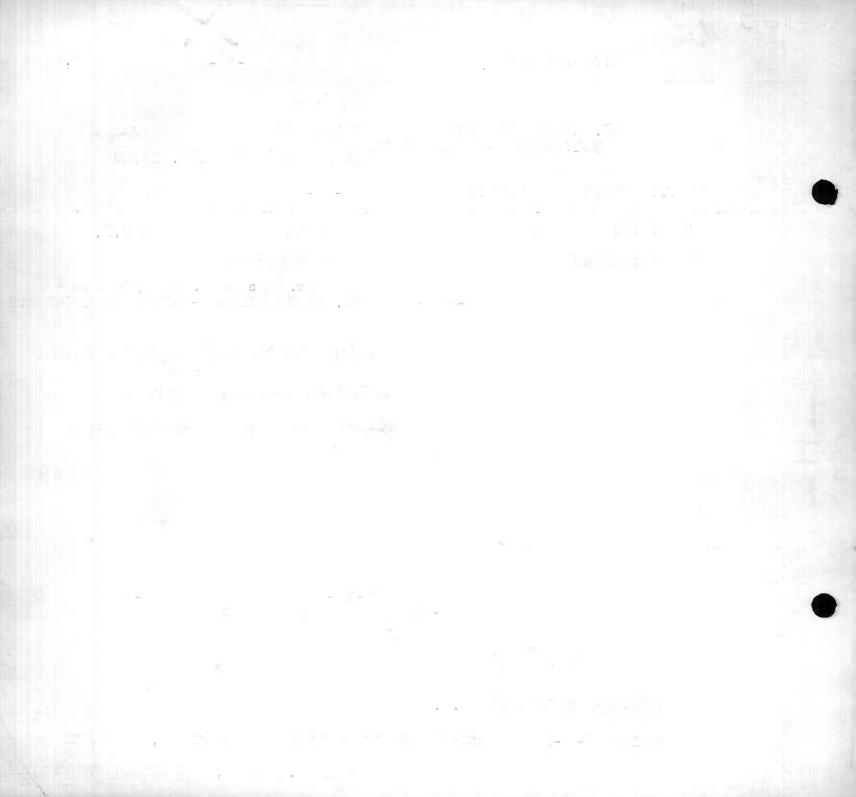
OF THE PERSON AND ADDRESS. AN Investment Council Congression  IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO.	66 083	395		TE OF DEATH	Registered N	66 08395
M.E. CASE NO.			CENTITION	DATE A	ND HOUR OF DEA	TH
(Type or Print)		HUPF	L MARY S.	HUPFL AUG 4. USUAL RESIDENCE (Wh A. STATE B. COU	UST 16, ere deceosed lived. I	1966 50 PN f institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or tocotio		give street		utside city limits, wri	te RURAL and give township)
SINAL	HOSPITA	LOF	BALTIMORE	D. STREET ADDRESS (III		ROAD
5. SEX FEMALE	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH  JULY 1,1917	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Dnys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of wor working tife, even if retired)	k 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MAIDEN NA		013.
	UNE	KNOWN WA		AGNES -		
<ol> <li>Was Deceased</li> <li>Yes, no or unknown</li> </ol>	Ever in U. S. Armed Fo	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO			213-05-2913	MRS MARY M. T.	EVINE 902	3 SAMOSET ROAD 21133
18. 17	SE OR CONDITION DI	RECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
Disca	LEADING TO DEATH	RECILI	MADEL	OTARCINOMA OI	E LEFT BR	EAST 17 MONTHS
	nat mean the mode af		DUE TO	TERM		3.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7
	osthenia, etc. II means nplication which coused			1617	INAL	
	ANTECEDENT CAUSES	5	(B)	<b>———</b>		
DISEASES (	OR CONDITIONS, if	ony, giving				
rise to th	e above cause (A) G CONDITION lost.			900-00-00-00-00-00-00-00-00-00-00-00-00-		
E TO THE D	IFICANT CONDITIONS ( EATH BUT NOT REL. CONDITION CAUSING	ATED TO TH				garding.
	OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye) or M	10) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING [ UTING [] CAUSE OF medical examiner)	211 hor etc	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	more City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY			nile At Not Whit			
20 1 11	1 0/11 1				10// 0	NG UST 11 mold
						UB-UST 16 1966
			-			aplnion death accurred an the da
		ited abave.	(We) (did nat)	view the bady after death	•	
23A. SIGNATU		0.			Shell -	23B. DATE SIGNED
mile	4	Levi	M.D. Att		Stoff Phys.	AUG-UST 16, 190
NAME (1	ype)	LEW	/ S M.D.	SINAI HO	SPITAL	OF BALTIMORE
24A. BURIAL CRE	MATION, 248, DATE		AME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
REMOVAL		66 77	ALS DEPENDENT O	EMETEDV T	ATTTMODE	MA DVI AND
BURLAL	8-20-		OLY REDEEMER C	25C, FUNERAL DIRECTO	BALTIMORE,	MARYLAND ADDRESS
The second second		6 02			140	
VC 150 CTV 1 1 12		4 MIONIE	45-10-0-1	HOWARD H. THU	BBAKD, 410	7 WILKENS AVENUE 21
VS 150-REV. 1/1/	65					

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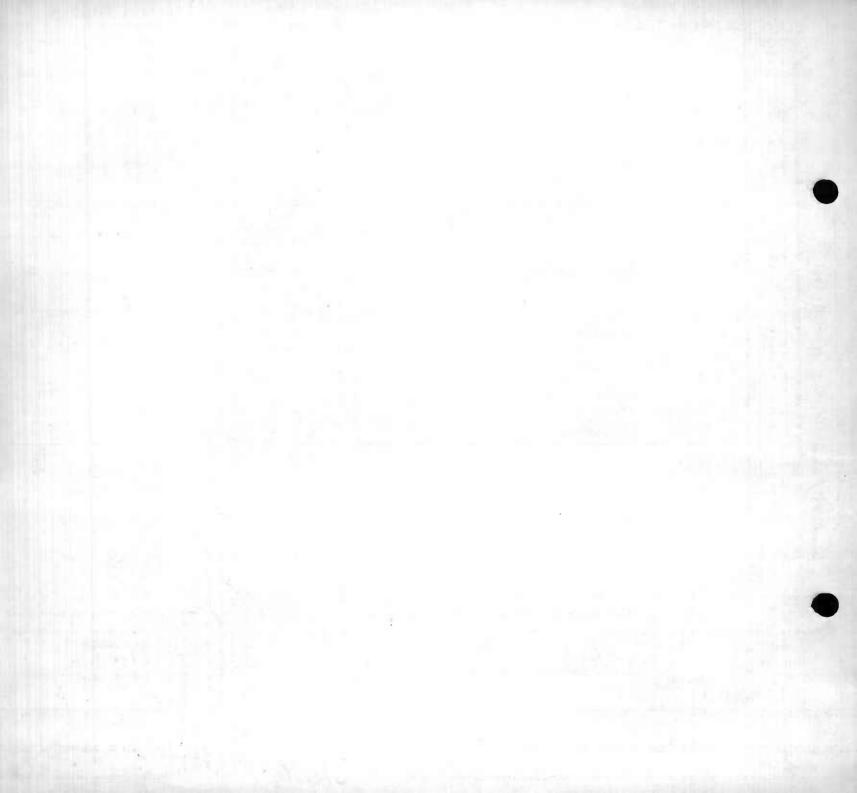
BIRTH NO.	66 0838	96	CERTIFICA	TE OF DE		Registered No	66	08396
M.E. CASE NO.					2. DATE AI	ND HOUR OF DEAT	н	
(Type or Print)	GIBBS, IR					8-16-66		6:40PM
FULL NAME OHOSPITAL OR	A. STATE B. COUNTY  MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  STREET ADDRESS (If rurol, give location)  32 3RD AVENUE BALTO. 27, MD							
5. SEX	6. RACE	7 AA ADDIED	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years		
FEMALE	WHITE  UPATION (Give kind of work	MARR I	ED (specify)	6-30-	11	lost birthday)	Months I	Days Hours Min.
HOUSEW	working life, even if retired)	IOB. KIND OF	BOSINESS OK INDOSTRI	MARYI	LAND	1	WHA	S.
13. FATHER'S NAM		7.50		14. MOTHERS M				
	JOHNSON Ever in U. S. Armed Force	2	1 6. SOCIAL			CONWAY		ADDRESS
(Yes, no or unknown	17. INFORMANMY. Meredith C. Gibbs, Same as 4 d ST. AGNES RECORDS-CATON & WILKENS A							
OTHER SIGNI	OR CONDITIONS, if a above cause (A) GONDITION last.  II FICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	Stating the ONTRIBUTING	·	in on co	rlin	wolvely a	nov	org
19A-DATE OF	20 A. AUTOPSY	? (Yes or N	O) 208. IF YES, WER	E FINDINGS (	CONSIDERED EATH?			
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 B. home etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, c	in or about 21 C. WH office bldg., INJURY	IERE DID OCCUR?	(If in Boltim	nore City, give	exact locotion)
21 D. TIME OF INJURY (APPROX.)	OF INJURY				W DID IN.	JURY OCCUR?		
that (K(we)	than(1) (this haspital) last saw the decease d fram the causes state IRE	attended th	8-16 (We) (did) (XXXX	7-28- 19 66 view the bady af	6 and th		8-16 pinian death	accurred an the d
23C. PHYSICIA	M N	JA	M.D. Att	ending M ys. Di 23D. ADDRESS	irector	Stoff Phys.		
MAME (T		BAKHT.	M.D. M.D.					
24A. BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CR	REMATORY	24D. I	LOCATION	(City, town, or	county) (State
BUF	RIAL 8-19-66	BAL 258. NAME O	TIMORE NATION	NAL CEMETE		BALTIMO	RE,	MARYLAND ADDRESS
A(	JG 18 1966 (	Perto 8	Farleyne.	HOWARD	H. HUB	BARD, 4107	WILKENS	S AVENUE 21:



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRI	NO. MILDICAL LAAMIINER 3 CI	LICAI	L OI DEATH ROSING	
M.E	CASE NO.			
1. N	AME OF DECEASED  e or Print)  DE paul		2. DATE AND HOUR PRONOUNCED	DEAD
,	VINCENT HOWARD		8-14-66	8:15 A. M.
3. PI	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland	ENCE (Where deceased lived, if institution R. COUNTY	on: residence before odmission) /
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AODRESS OR LOCATION)	C. CITY OR TOW	VN (If outside corporate lim s, write RU	IRAL and give township)
IN ST	itution	Paltimore	9-	08
5	TOTING HODITHG HOODERAT	Baltimore	RESS (If rurol, give locofio.)	ow fi
) .	JOHNS HOPKINS HOSPITAL			
E 61	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	op Street 21218	f Under 1 Yr. If Under 24 Hrs.
5. \$1	WIDO WED, DIVORCED (specify)	7 1	last buthday)	Nonths Doys Hours Min.
	Male Colored Single	Dept 1	4-29 = 36	
	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	YIII. BIRTHPLACE	State or foreign country	WHAT COUNTRY?
40110	PORTER	Balt	more	
13 <b>. F</b>	ATHER'S NAME	14. MOTHER'S MA	AIDEN NAME	
	Mak Houlard	Naine	Cornich	
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	A	DDRESS
(Yes	no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	N ann	Delandord 160	05 5
-	4.00 1951-10 53	Lawy	roward 170	7 Sepp OF
	B. P 90 B S 1	E OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUF TO	aniocerebr	cal injuries	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
	might of complication which course acomp			
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE			
	UNDERLYING CONDITION LAST.			
S O	(6/			
F	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
Ö	TO THE DEATH BUT NOT RELATED TO THE			
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	DOA AUTORSY	? (Yes or No) 20B, IF YES, WERE FIND	NGS CONSIDERED
빙	WAS PERFORMED	200. 4010131	IN CERTIFYING CAUSES	
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	Yes	VHERE DID (If in Boltimore City, give	exact Incation)
MEDICAL	UNDERLYING X OR CONTRIB- home, form, foctory, street,	office bldg., INJURY	OCCUR?	CAUCH TOCONOM
9	uting Cause of Death. Street	?	1900 Block Sapp Stre	eet
2	OF INJURY OF INJ		OW DID INJURY OCCUR?	
	(APPROX.) O 10 100 JUL WHILE AT TO NOT	WHILE X	Apparently fell	
	22.			
		topsy X one	d that on this basis, death in my	opinion 
	resulted from: Natural gouses Accident XSuicid			
		CHIEF M	EDICAL EXAMINER	DATE SIGNED
	SIGNATURE MODERAL M.D	ASSISTANT M	EDICAL EXAMINER	DATE STORES
	EXAMINER'S		EDICAL EXAMINER	8-15-66
	NAME (Type) RUDIGER BREITENECKER, M.D.			
	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY		230. LOCATION (City, to	wn, or county) (Stote)
REA	Ruxial 8-18-106 Ralta Ma	trains (	For Balta	md
244	DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C, FUNER	AL DIRECTOR	ADDRESS
247	PAIL REG D DI HEACHT DETT	n	C .	ED 1
	AllG 1 8 1986 A D. R. E. Fordenna	Kall	ver Jandere 21	76. Treston a
VS	151-REV. 1/1/65	1 BON	0 0	1/

Semple. Sept 14-29 - 36 Baltmine Malklah Hoaled baily Cornish Barry Howlind 1909 Supp 460 1987-70 53 Bureal F. 18-66 Balts National Em Palts Payer Sanders 217 5 Pass &

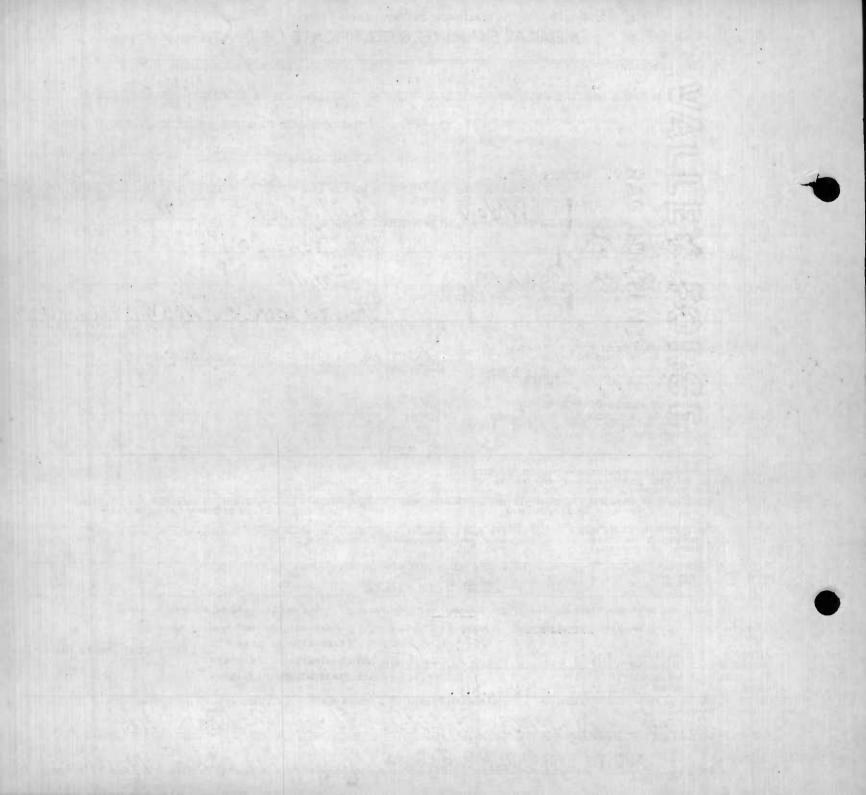


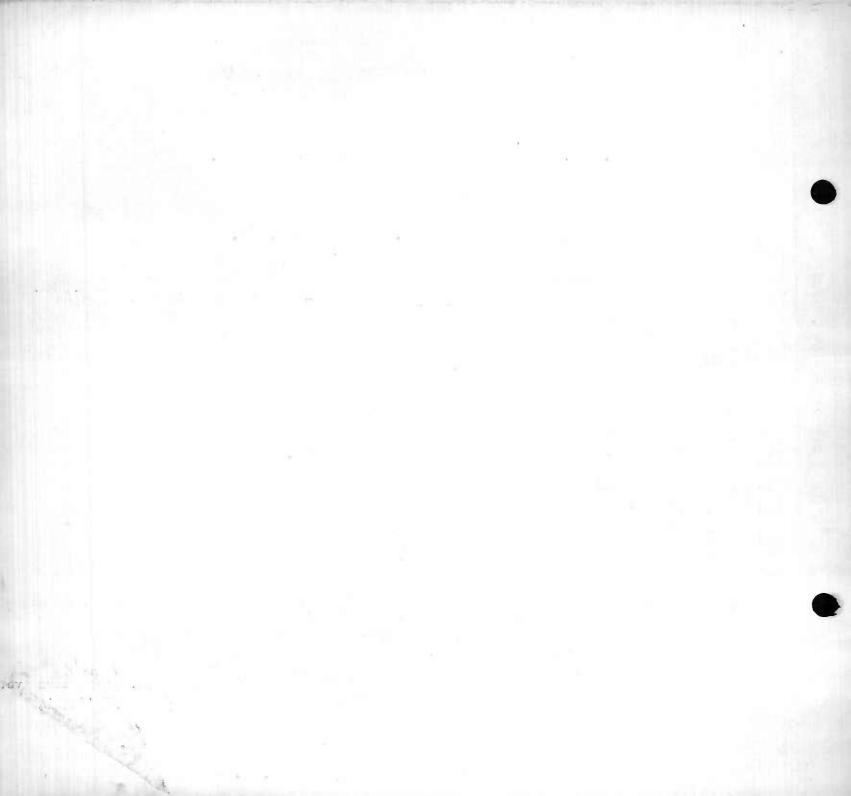
VS 150-REV. 1/1/65

CRESTE ME Same -

86 08400 BALTIMORE CITY HEALTH DEPARTMENT GG OSAOO

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Prin!)  Mittie Lockley	2. DATE AND HOUR PRONOUNCED DEAD  8/15/66 10:00 PR
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY
	Maryland B. County
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township)
IN STITUTION	Baltimore A
	D. STREET ADDRESS (If rurol, give locotion)
1103 W. Mulberry St.	1103 W. Mulberry St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOW,ED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
female colored Widew	April 12, 1895 71
10A, USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRI	RY 11. ARTHPLACE, (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domes Fic	Matthews Co. Yoz.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Dennis	EMMCZ
15. WAS DECEASED EVER IN U.S. ARM ED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
No	Momas Lock /ev/103 W. Mulberry ST
18. CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(A)	iosclerotic cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DE II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	office bidg., INJURY OCCUR?
5	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE T
m. WORK AT V	WORK L
22.	ond that on this bosis, death in my apinion
resulted from: Natural causes X Accident Suicident	de Homicide Undetermined monner
. 0.1	CHIEF MEDICAL EXAMINER
SIGNATURE MORNEY M. Z. M. E.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8/16/66
NAME (Type)Werner U. Spitz, M.D.	
23A, BURIAL CREMATION, 23B DATE 23C. NAME OF CEMETERY	OI CREMATORY 23D. LOCATION (City, town, or county) (Stoto)
Burial Aug. 19/966 MY Cultur	n cem, sighter 7/14
24A. DATE REC'D BY HEALTH DEPR / 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 19 1966 P. P. & E. FarleyMA	Williams Fires al Hour 3158 / lahrar du la
VS 151-REV. 1/1/65	marine much the state of the supplier





	NO.	66 0840	2	CERTIFICA	TE OF	DEATH	Registered Na	66 0840
I, NA	ME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH	
Type	or Print)	omas S. Mon	oney. Sr.			Aug	. 17. 1966	stitution: residence before ad
. PL	ACE OF DEA	ATH IN BALTIMORE, M	ARYLAND	- Cha	4. USUAL A. STATE	RESIDENCE (When	e deceosed lived. Il ins TY	stitution: residence before ad
T	DAMO	FICATE	or structure	PED	Md			
TIN THE	SITUTION	I. Toler Time	on)/ Number	8/22/66			side city limits, write	URAL and give township)
7	~ .			0, 22, 00	Ba.	ltimore ADDRESS (IF	ruiol, give location)	04
	St. A	Agnes Hosp:	ital			06 Linds		
. SE	K	6. RACE	7. MARRIED, NEV		B. DATE O	F BIRTH OOL	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
	Male	White	Marr	VORCED (specify)	Dec.	23 1895	ost birthdoy 71	Months Doys Hours
		UPATION (Give kind of wo	rk 108. KIND OF BUS		11. BIRTHP	LACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Retire	working lile, even if retired) ਕੀ			Tier	ryland		USA
	ATHERS NAM					ERS MAIDEN NAM	AE	ODA
		Mooney						
. W	as Deceased	Ever in U. S. Armed Fr	oices? 16.	SOCIAL	17. INFORA	MANT		ADDRESS
	o of unknown	(If yes, give wor or do		SECURITY NO.	Trs.	Mary A	Mooney-490	06 Lindsay R
ر 1		110 110 1	60 J.		F DEATH	MECCE D ALO	112001103 - 201	INTERVAL BETWE
	4	SE OR CONDITION D	RECTLY					ONSET AND DEA
		LEADING TO DEATH		W (a)	amir	e Myso	rardial	12 kgs
		ot meon the mode of osthenio, etc. II meon		DUE TO	Inh	urtin	***************************************	
		plicolion which couse			0.1.			
		ANTECEDENT CAUSE	S	(B)			000000000000000000000000000000000000000	
		OR CONDITIONS, if						
		e obove couse (A' G CONDITION lost.	Sloling the	(C)	·			
-		11		,				
N O		FICANT CONDITIONS		201	me			
4	DISEASE OR	CONDITION CAUSING	IT	, ,				
ERTIFIC	9A. DATE OF		NDITION FOR WHICE	H OPERATION	20 A. AL	UTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
W 2	( )	NT WAS UNDERLYING	218 PLA	CE OF INJURY (e.g., i	n or obout 2		(If in Boltimore	City, give exact location)
_   0	R CONTRIBL	JTING CAUSE OF	home, fo	rm, factory, street, a	ffice bldg., II	NJURY OCCUR?	th in bollmore	ony, give exoct toconom
2						36 110111 515 1111		
N N	TD. TIME	(Month) (Day) (Year	While A	t Not Whi		IF. HOW DID INJ	URY OCCUR?	
(	APPROX.		Work	At Work				
2	2. I certify	that (I) (this hospite	el) attended the de	eceased fram	legus	T 17	9 66 to	19
t	hat (I) ( <del>we)</del>	last saw the deceas	sed alive an	ugust 17	19	66 and the	at in (my) <del>(que)</del> apir	nian death accurred an t
c	ind haur and	d fram the causes st	ated abave. (1) (**	e) (ttd) (did nat)	view the b	ady after death.		
2	3A. SIGNATU	JRE _	0 1					238, DATE SIGNED
	-M	elin h.	1 Trulen	) M.D. Att	ending .	Med. Director	Stoff Phys.	8/18/66
2	3C.PHYSICIA				23D. ADDRI		,	1-01-01
	Me.	lvin Border	n .	M.D.	50	00 Balti	more Natio	nal Pike
4A.	BURIAL CRE			of CEMETERY of CR				y, lown, or county)
	REMOVAL	Specify)						
B	DATE RECD	22-Q1	16. Bal	timore Na	tiona	INSPAL DIRECTOR	Baltimore,	Md.  ADDRESS  dmondson Ave
JA.	DATE REC'D	AUG 19 1966	Robert &	fr.a. M.	25C. FC	itzke F.	D4101 E	dmondson Ave
			HOURO, C	Acres in	00	100		
	50-REV 1/1/	4.0			E 14			

Baptism record of Thomas Mooney born 12/23/94, bapt.1/13/95 at St. Peter the Apostle Church, Baltimore, Maryland

BALTIMORE CITT TIEAL	III DEI AKTMEITT

BIRT	H NO.	MED	ICAL EX	CAMINER'S C	ERTIFI	CATE OF	DEATH Registe	ered No.	
M.E	CASE NO.								
	AME OF DEC	THOMAS		ADAMS			t 13, 1966	12:30	р
2 01	ACE IN RAIT	IMORE MARYLAND, W			HA HISHAI			titution: residence before	M.
FUL HOS	L NAME OF		AL OR INSTITU	JTION, GIVE STREET	C. CITY	Maryland OR TOWN (If outside Baltimore ADDRESS (If rurol,	B. COL	e RURAL and give towns	
5. 51	X	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years	If Under 1 Yr, If Under	er 24 Hrs.
	ale	Negro		DIVORCED (specily)		?	lost birthday	Months Doys Hours	
done	during most of	working lile, even if retired)	108. KIND OI	F BOSINESS OR INDUSTR		LACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?	
		nown				nown			
		D EVER IN U.S. ARMED (If yes, give wor or dote		16. SOCIAL SECURITY NO. 223-24-7495	M S		1901 W Bal	to St	
CERTIFICATION	DISEASES RISE TO TH UNDERLYIP OTHER SIG	not mean the mode of osthenic, etc. It means mplication which coused antecended to the coused of the couped of the	the discose, death.)  S. NY, GIVING TATING THE  CONTRIBUTII	(B)			th cor pulme		
CERT	PA. DATE OF	OPERATION 198, CON		WHICH OPERATION	Yes  Yes  Yes  Yes  Yes  Yes				
MEDIC	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo	home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, etc. INJURY OCCURRED WHILE AT NOT NORK AT W	WHILE	21C. WHERE DID INJURY OCCUR?	(If in Boltimore City, gi	ve exoct locotion)	
	l cer	URE IER'S Charles	Cao D.		CHI		XAMINER X		
	BURIAL CRE		23	C. NAME OF CEMETERY	CREMATO	23 D. L	OCATION (City	, town, or county)	(Stote)
	Burial	8/20/6	6	Mt Calvary	Cemet	ry A	A County	Md	
24A	DATE REC'D	AUG 19 1966	24B, NAME	OF REGISTRAR		Halstead		ADDRESS	•
VS	151-REV. 1/1/		1 4	6 0 0	0 0	100			1

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IMPORTANT

DIRECTOR:

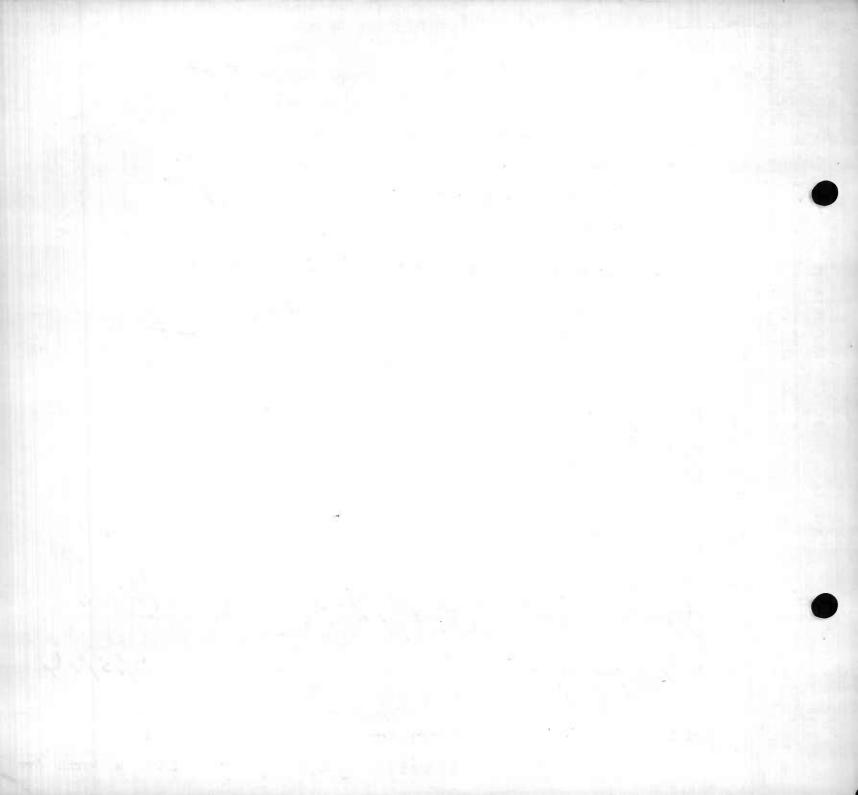
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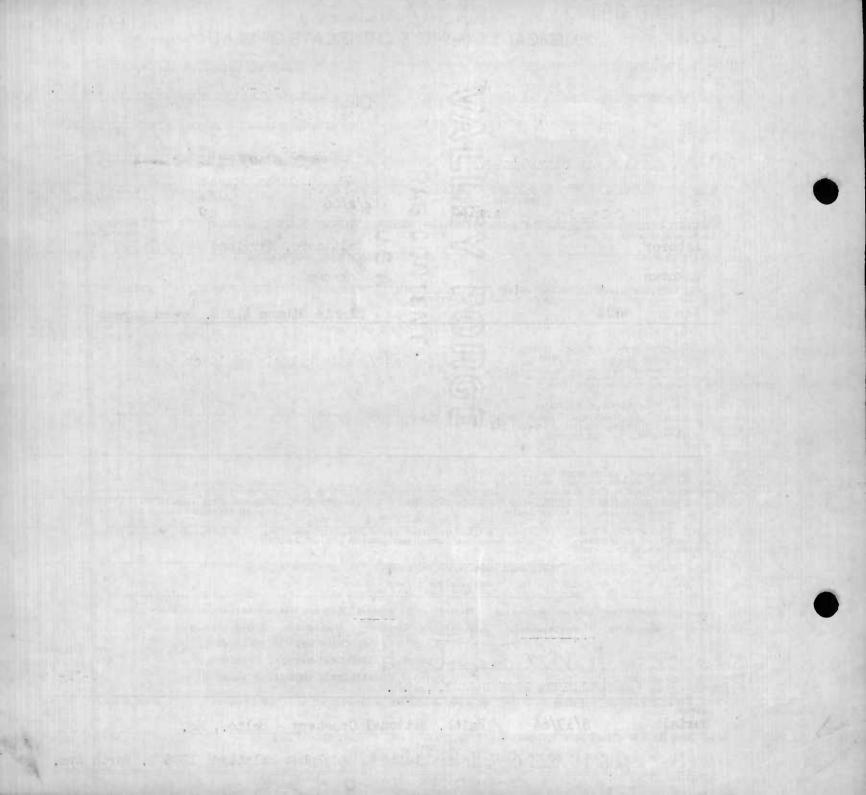
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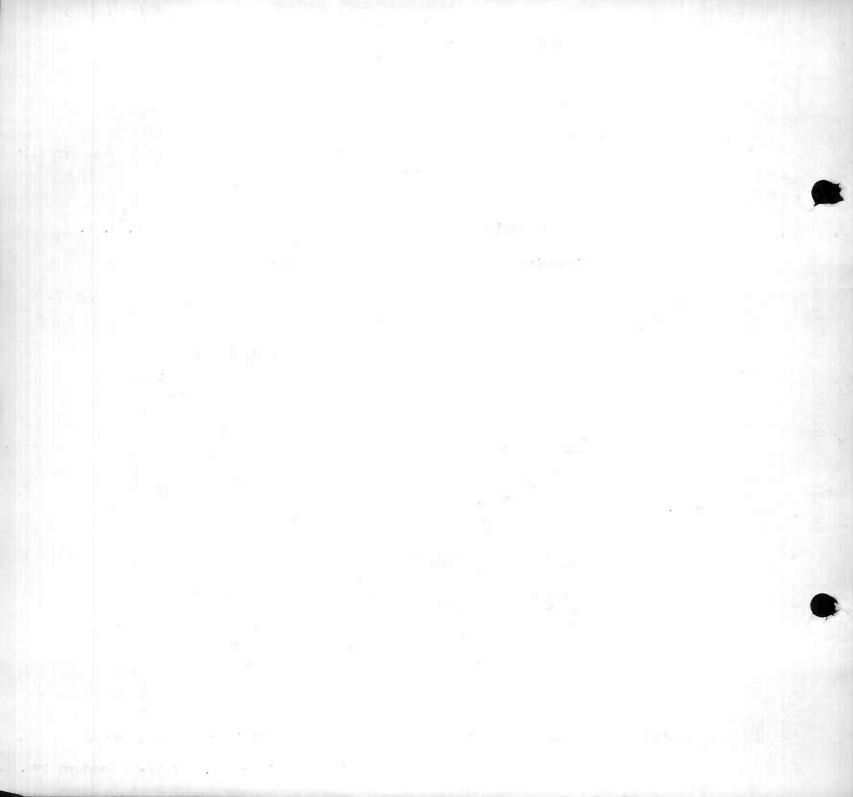
(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinion death accurred an the date 23B, DATE SIGNED (City, town, or county) ADDRESS North VS 150-REV, 1/1/65

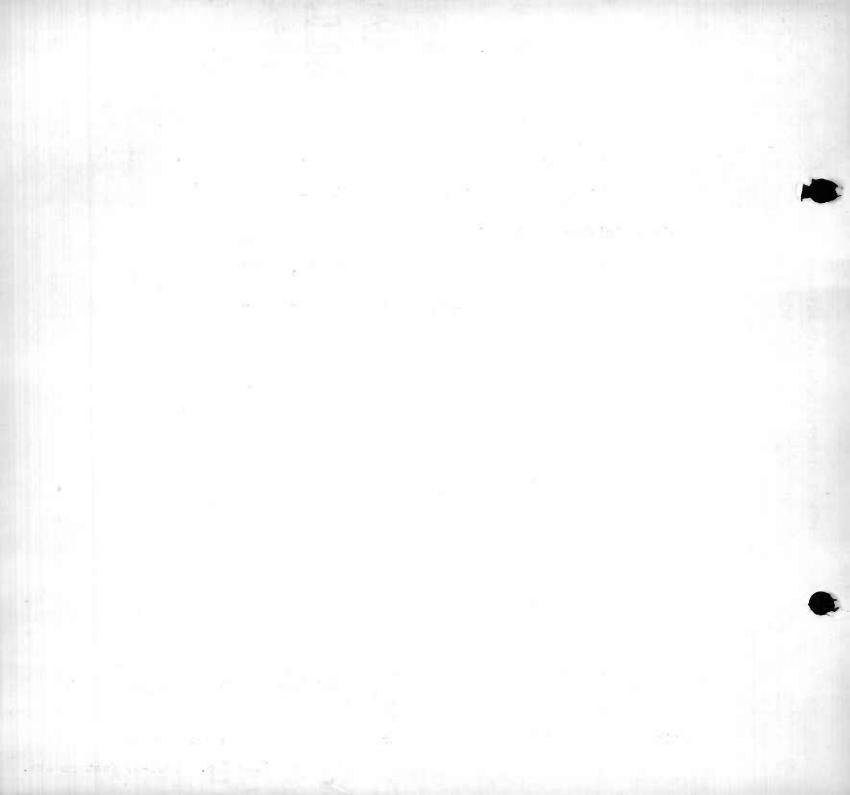
BALTIMORE CITY HEALTH DEPARTMENT



6-123	M.E. CASE NO.	ECEASED			12	DATE AND	HOUR PRONOUN	NCED DEAD	
	(Type or Print)		. ייסים מססים	J. GIBSON	2			ACED DEAD	0.20 4
	3. PLACE IN BA	LTIMORE, MARYLAND,			4. USUAL RESIDEN	8-15-6 ICE (Where d	eceosed lived. If i		8:20 A. M
	FULL NAME OF	F (IF NOT IN HOSE	PITAL OR INSTIT	UTION, GIVE STREET	Marylan	d		OUNTY	
	HOSPITAL OR	418 NORTH GR	CATION)		Baltimo	re	-	write RURAL on	give township)
0	14	410 NURTH GR	EEN SIKE	FT	418 N.				
	5. sex Male	6. RACE Colored	WIDO WED,	, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	Green C	9. AGE (In year lost birthday)	Months [	Yr. If Under 24 Hr Doys Hours Min.
Marie Control				F BUSINESS OR INDUS	Baltimore	e. Mary		12. CITIZET	OF COUNTRY?
	Unknown				Unknown				
	15. WAS DECEA	SED EVER IN U.S. ARM vn),(If yes, give wor or d		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	WWII	oles of Setaice.	JECONIII NO.	Minnie G	ibson 4	18 N. Gre	en Stree	et.
	heort foilu injury or c	s not meen the mode re, osthenio, etc. It mec complication which couse ANTECENDENT CAU	ons the discose, and death.)	DUE TO	tty metamorp	hosis o	f liver		
	DISEASES RISE TO T UN DERLY OTHER SI	ANTECENDENT CAUSON THE ABOVE CAUSE (A) IN MEDICAL CONDITIONS, IF (A) IN G CONDITION LAS  II GNIFICANT CONDITION	of dying e.g., of the discose, id deoth.)  JSES ANY, GIVING STATING THE T.	DUE TO  (B)  DUE TO  (C)	tty metamorp	hosis o	f liver		
	DISEASES RISE TO THE SI TO	ANTECENDENT CAUSE IN GENERAL SERVICES ON CONDITIONS, IF INTEL ABOVE CAUSE (A) ING CONDITION LAS  II GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSE	of dying e.g., ons the discose, d deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO	(B)				EINDINGS	NSIDEPED
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	DISEASE: RISE TO 1 UN DERLY OTHER SI TO THE DISEASE 19A. DATE O	ANTECENDENT CAUSE OF CONDITIONS, IT MEDICAL CONTROL CONTROL  SOR CONDITIONS, IT MEDICAL CAUSE (A) (ING CONDITION LAS (II) GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI OF OPERATION 198, CO	of dying e.g., ons the discose, d deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO NG IT.  ONDITION FOR ERFORMED	DUE TO  (B)  DUE TO  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e., form, foctory, sheet		Yes or No) 2(IF	DB. IF YES, WERE N CERTIFYING CA YOS	AUSES OF DEA	TH?
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	DISEASES RISE TO TO THEE DISEASE 19A. DATE CO UTING 21A EXTERN UNDERLYING UTING CA 21A TIME OF INJURY (APPROX.) 22.	ANTECENDENT CAU  ANTECENDENT CAU  SOR CONDITIONS, IF THE ABOVE CAUSE (A) (ING CONDITION LAS  II  GNIFICANT CONDITION CAUSI OF OPERATION 198, CO WAS P  IAL CAUSE WAS GOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Y	of dying e.g., ons the disease, d deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO NG IT.  ONDITION FOR ERFORMED  218. hom. eco) (Hour)	DUE TO  (B)  DUE TO  (C)	20A, AUTOPSY? ( Yes g., in or obout 21C. WH g., office bldg, INJURY C	Yes or No) [2] IFRE DID (If	DB. IF YES, WERE N CERTIFYING CA Yes in Boltimore City,	AUSES OF DEAS	TH?
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	DISEASES RISE TO TO UN DERLY  OTHER SI TO THE DISEASES 19A. DATE OF UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22.  I co	ANTECENDENT CAUSE (A) SOR CONDITIONS, ITS CONDITION LASS  II GNIFICANT CONDITION LASS  II GNIFICANT CONDITION CAUSE (A) OF OPERATION 198. CONDITION CAUSE (B) OF OPERATION 198. CONDITION CAUSE (B) OF OPERATION 198. CONDITION (CONDITION CAUSE (CONDITION (CONDITION CAUSE (CONDITION (CONDITI	of dying e.g., ons the discose, id deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO NG IT.  ONDITION FOR ERFORMED  218. hom etc.)  Linguiry   Causes X  ER BREITE	DUE TO  (B)  DUE TO  (C)  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street, while AT   NO WORK   AT    Inspection   AT   Accident   Suice    ENECKER, M.D	20A. AUTOPSY? ( Yes g., in or obout 21c. WH , office bidg., INJURY C  T WHILE  Autapsy X and t CHIEF MEE  ASSOCIATE MEI  ASSOCIATE MEI	Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DB. IF YES, WERE N CERTIFYING CA Yes in Boltimore City, Y OCCUR? basis, death Indetermined man	AUSES OF DEAS  give exoct loc  my aplnian  nner	DATE SIGNED 8-15-66
	DISEASES RISE TO TO UN DERLY  OTHER SI TO THE DISEASES 19A. DATE CO UNDERLYING UTING CA  21A, EXTERN UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22.  I co	ANTECENDENT CAUSE OR CONDITIONS, IF THE ABOVE CAUSE (A) (ING CONDITION LAS  GRIFICANT CONDITION OR CONDITION CAUSE OF OPERATION 19B, CO WAS P  IAL CAUSE WAS CONTRIB- LUSE OF DEATH.  (Month) (Doy) (Y  BETTIFY that I held an outed fram: Natural of the contribution cause was contributed from: Natural of the contributed fram: Natura	of dying e.g., ons the discose, did deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO NG IT. ONDITION FOR ERFORMED  218. hom etc.)  Linguiry  Causes X  ER BREITE	DUE TO  (B)  DUE TO  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street, while at a constant and a cons	20A. AUTOPSY? ( Yes g., in or obout 21C. WH , office bidg., INJURY C  Autapsy XX and t  CHIEF MEE  ASSOCIATE MEI  Y or CREMATORY  CORRECTED  CONTROL OF CONTROL  CO	Yes or No) 21 IERE DID (IF DICCUR?  V DID INJUR DICAL EXA DICAL EXA DICAL EXA DICAL EXA	DB. IF YES, WERE N CERTIFYING CA Yes in Boltimore City, Y OCCUR? basis, death Indetermined man	AUSES OF DEAS  give exact loc	DATE SIGNED 8-15-66
	DISEASES RISE TO TO UN DERLY OTHER SI TO THE DISEASE 19A. DATE OF UNDING CA UNIDERLY OF INJURY (APPROX.) 22. I co resi ACTU. SIGNA EXAMI NAME 23A. BURIAL CI REMOVAL (Spec Burial	ANTECENDENT CAUSE OF CONDITION LAS  GINERANTO CONDITIONS, IF THE ABOVE CAUSE (A)  GING CONDITION LAS  GING CONDITION CAUSE OF OPERATION 198, COMMAS P  IAL CAUSE WAS GING CONTRIBUTED (MONTH)  (Month) (Doy) (Y  DESTRUCTION CAUSE  (MONTH) (DOY) (T  DESTRUCTION CAUSE  (MONT	of dying e.g., ons the discose, did deoth.)  JSES  ANY, GIVING STATING THE T.  NS CONTRIBUTI RELATED TO NG IT.  ONDITION FOR ERFORMED  218. homm etc.)  Linguiry  Causes X  ER BREITE  248. NAME	DUE TO  (B)  DUE TO  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e., form, foctory, street, while at a constant and a cons	20A. AUTOPSY? ( Yes g., in or obout 21C. WH , office bldg. INJURY C  D  TWHILE  AUTOPSY XX and t  CHIEF MED  ASSISTANT MED  ASSOCIATE MED  Y or CREMATORY  D  21F. HOW  AUTOPSY XX AUTOPSY? ( AUTOPSY?	Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DB. IF YES, WEREN CERTIFYING CAY YES in Boltimore City, YOCCUR?  basis, death Indetermined management of the company of the co	n my apinian nner	DATE SIGNED  8-15-66  unty) (Stote)

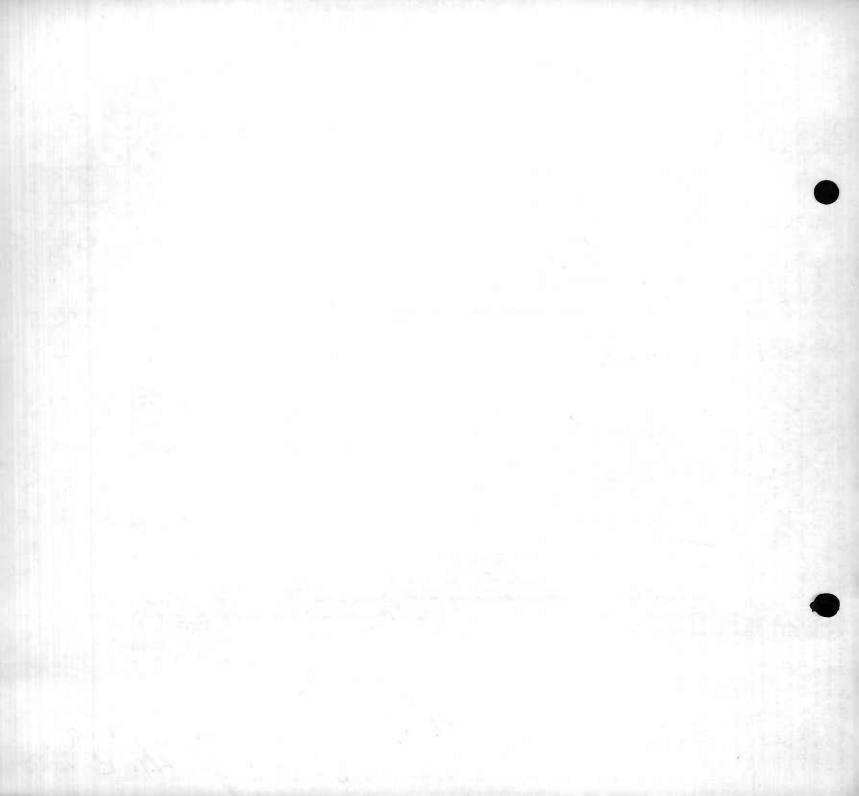






contribut IMPORTANT DIRECTOR: FUNERAL hospital This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

66 08409	BALTIMORE CITY HEALT	TH DEPARTMENT		66 08409
MRTH NO. 00 U04UJ	CERTIFICATE O	OF DEATH	Registered Na	00 00403
M.E. CASE NO. , NAME OF DECEASED			LIGHT OF DEATH	
Type or Print)		2. DATE AND	HOUR OF DEATH	1 . 030 n
MATTIE WATITIEL	D	alla	-17, 1964	PM.
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USI	JAL RESIDENCE (Where	deceased lived. If ins	titutian: residence before admission)
	A. STA	1.1		3 1
FULL NAME OF (If not in hospital or institution, giv		largease	1	-0-01
HOSPITAL OR oddress or location) INSTITUTION	C. CIT	Y OR TOWN (If outs	ide city limits, write Rt	JRAL and give township)
	0 1	Selli Maio		
Oxwerite Hagital	D. STE	REET ADDRESS (If ru	rol, give location)	
Chevering magain	C	10 0 11		-
	7/	O J. Mark	over-KI	•
SEX 6. RACE 7. MARRIED, N			AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	DIVORCED (specify)	1/4/12	st birthdoyl	Months Doys Hours Min.
0A. USUAL OCCUPATION (GIVE kind of work 10 B. KIND OF B		71101 (05:00)	0	
one during most of working life, even if retired)	OSINESS OR INDUSTRY II. BIR	THPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
-xoae_	1	1 Corale	-	COCA
3. FATHER'S NAME		THERE ANALDED NAME	REC	037
S. PAINERS NAME	14. M	OTHER'S MAIDEN NAM		
terrialdo dello	10	11: 0	12 2 - 0	
5. Was Deceased Ever in U. S. Armed Forces?	4 505141	ORMANT	ale	ADDRESS
res, no or unknown) (II yes, give wor or dotes of service)	6- SOCIAL SECURITY NO.	ORMANI	/ /	ADDRESS
1/0		(1) Seizel	Recarls.	
140	CALLES OF DEAT	carray,	ruo con	
1B. 4 // X 1	CAUSE OF DEAT	IH.		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10	-A. 1	7 -1	
LEADING TO DEATH	(A) Klella	calle le	art	
(This does not mean the mode of dying, e.g.,	DUE TO	4 Name	1	
heart failure, asthenia, etc. It means the disease,	della	ele , c de	ocle	
injury ar camplication which coused death.)		. 00		
ANTECEDENT CAUSES	DUE TO	AKOKKEEL	teces	••••
DISEASES OR CONDITIONS, if any, giving	502.0	1		
rise to the abave cause (A) staling the	(C)			
UNDERLYING CONDITION last.	and the second s			· · · · · · · · · · · · · · · · · · ·
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PI				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION 20A	AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED
Z		No	III CERIII IIIIO CAO	ses or beam.
21A. ACCIDENT WAS UNDERLYING 21B. PI	ACE OF INJURY (e.g., in or obo	ut 21 C. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, office bldg	J., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
₩ OF INJURY	At Not While			
(APPROX.) Work	At Work	,		
22. I certify that (I) (this hospital) attended the	deceased from 17000	001 17 30	65 10 Cll	1 17 1966
22. I certify that (I) (Ims hospital) difended the	1-1			
that (I) (we) last saw the deceased alive on	Caralina II	9 6 ond that	in(my) (aur) opim	an deoth accurred on the date
and hour and from the couses stated above. (1)	(We) (did) (did not) view the	a hady after death		
23A. SIGNATURE		0 0007 01101 0001111		CON DATE CONTROL
11 11				23 B. DATE SIGNED
Marcy N. Rich Kell	M.D. Attending Phys.		hys. 2	6117166
23C. PHYSICIAN'S	23D. AD		,	11.10
23C. PHYSICIAN'S NAME (Type)	1/POMAL 1	1 4/1/4	TI Mar	FITAL
ISHKKY AL. KOSE	VDITURY M.D.	NIVEKSI	14 1705	FIIAC
4A. BURIAL CREMATION, 24B. DATE , 24C. NAM	AE OF CHATETERY OF CREMATOR	Y 24D. LQ	CATION (City	, town, ar county) (State)
JEMOVAL (Specily)	#10 //2011	17	- 110	Dand
Juna 0/22/66 MM	( actions	12	ROOKLYn	1 1000
SA. DATE REC'D BY HEALTH DEPT. / 1258. NAME OF	RECISTRAL 250	FUNERAL DIRECTOR	a Mi	ADDRESS
AUC 10 1000 / D. F. C			11 1-11	
111 1 mg ( mg 1 min 1 1 1 mg mm 1 2 mm	TON SOLING /	H Knilland	/ Kino L	1W/Karro
S 150-REV. 1/1/65	Javanta	harlesd	Like be	61W. Barre ST



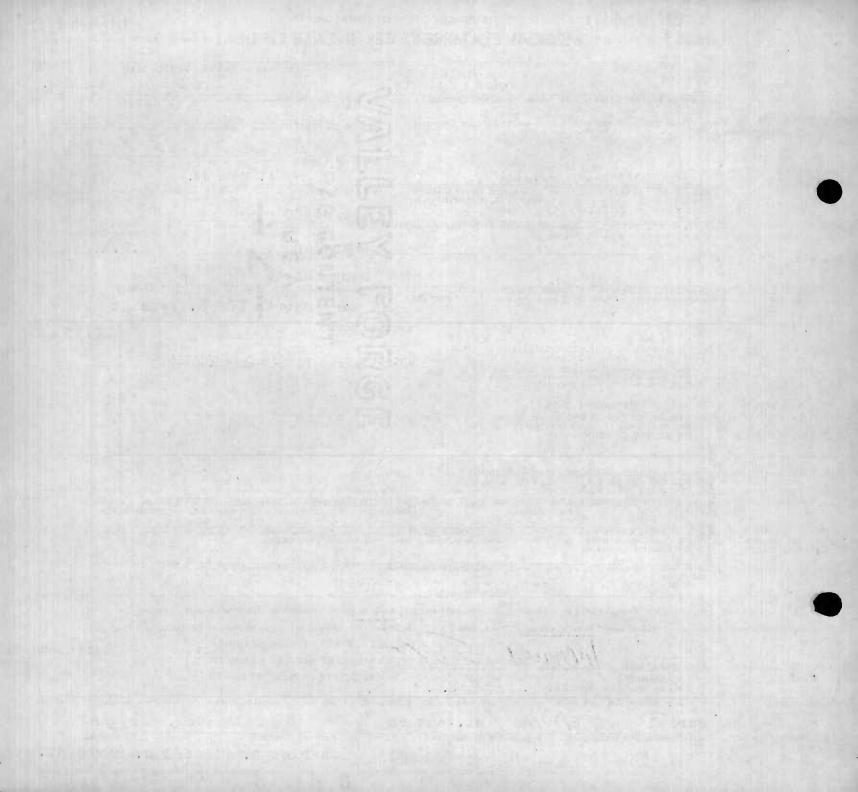
24C. FUNERAL DIRECTOR

Charles A. Rice661 W. Barre St.

248 NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

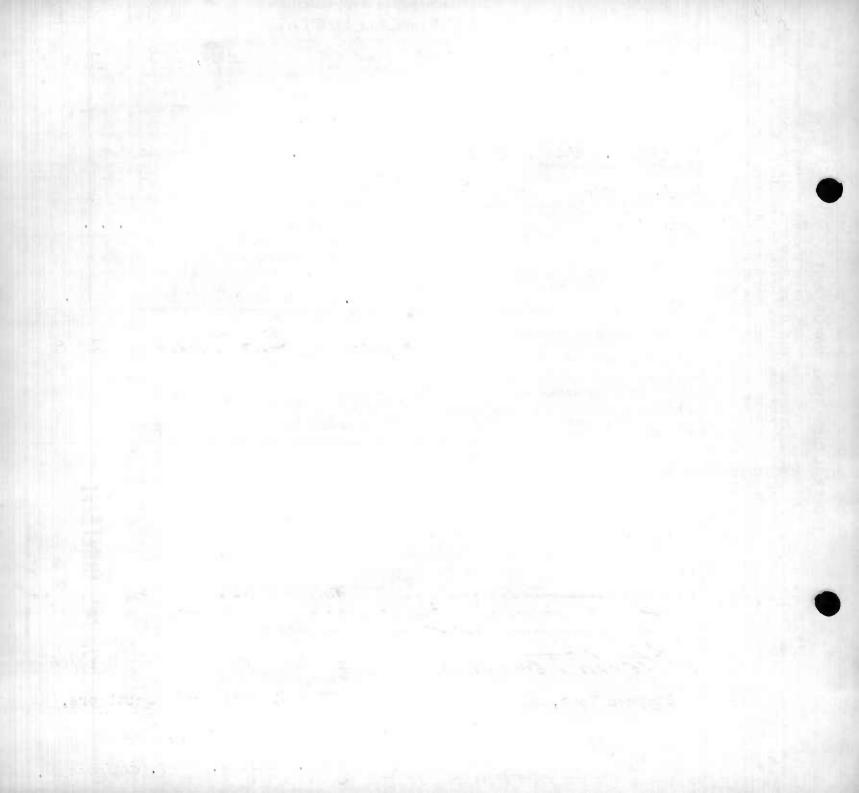


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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



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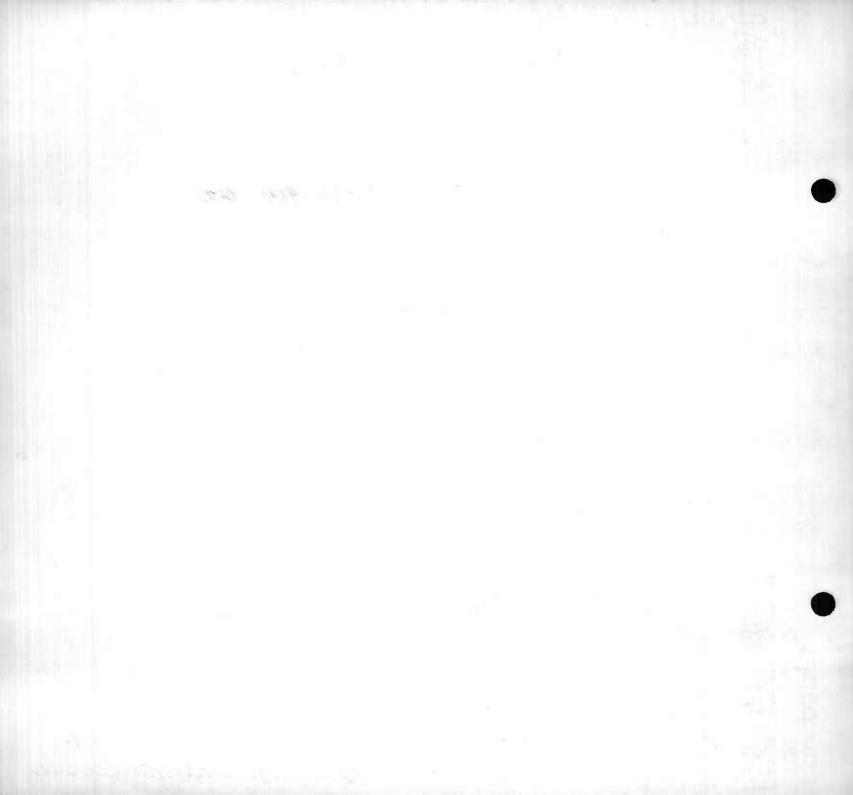
	00.00.00	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00440
BI	RTH NO. 66 08412	CERTIFICA	TE OF DEATH	Registered No	66 08412
	.E. CASE NO.				
1.	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	10/02 11 1 01	AB. 8-	13-66	15:30 AM
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	DICT O COL	I A LISUAL PESIDENCE (Who		lion: residence before admission)
3.	TEACT OF BEATH IN BALLINIONS, MARIENTO		A. STATE B. COUN	TY	iron: residence before odmission/
	FULL NAME OF (If not in hospital or institution.		MD.		
	FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street		side city limits, write RURA	Comment of the second
210	INSTITUTION		,		Margive ownship)
615	JOHNS HOPKINS		13 ALT 1	MORE	
	JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If	rural, give location)	
6			1705	V CHAR	EL ST.
S.	SEX 6. RACE 7. MARRIED	, NEVER MARRIED		9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
E	F N MAY	D. DIVORCED (specify)		Inst birthdoví Mo	onths Days Hours Min.
vs		e will co.	7-30-1904	62	
	A. USUAL OCCUPATION (Give kind of work 10B, KIND Cone during most of working life, even if retired)		11. BIRTHPLACE (State of lorei	gn coo sy.	CITIZEN OF
ō	- HOD	DRY A+	MARINA	- 1	
E	HU C +33,00 3500H	Ы	MARYLAN	717	U. S.
0 113	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AE	
disposition 13	C 11 A = 1 = = = = = = = = = = = = = = =		61000	20	. ^
-		LER	CLARA	4KO	CTOR
113	. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
פר		SECORITI NO.			21011
fi.	No	216-02-2641	MENDELL	WRIGHT	KENILWORTH
20	18. 199 X	CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	An	ENOCARCINO	70 AMC	ONSET AND DEATH
balmed	LEADING TO DEATH	11	HE ENDOM		
E		(A)	HE ENDOW	ELECOM	11 MONTHS
=	(This does not mean the made of dying, e.g. heart failure, asthenia, etc. 11 means the disease	DUE TO			
9	injury or complication which caused death.)	,			
E					
0	ANTECEDENT CAUSES	DUE TO			
0	DISEASES OR CONDITIONS, if any, giving				
5	rise to the above cause (A) stating the				
	UNDERLYING CONDITION last.		***************************************	***************************************	
remains					
0 2					
6	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T	IG °			
T F	DISEASE OR CONDITION CAUSING IT.	nc .			

198. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFIC 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 0-65 CARCINOMA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Ilf in Boltimore City, give exact location) MEDICAL 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not While [ (APPROX.) Work At Work 22. I certify that W (this hospital) attended the deceased from 2 19 66 19 66 12 that (1) (well lost saw the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour ond from the couses stated obove. (1) (Wat Paid) (did not) view the bady ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff M.D. Director 23 C. PHYSICIAN'S 23D. ADDRESS

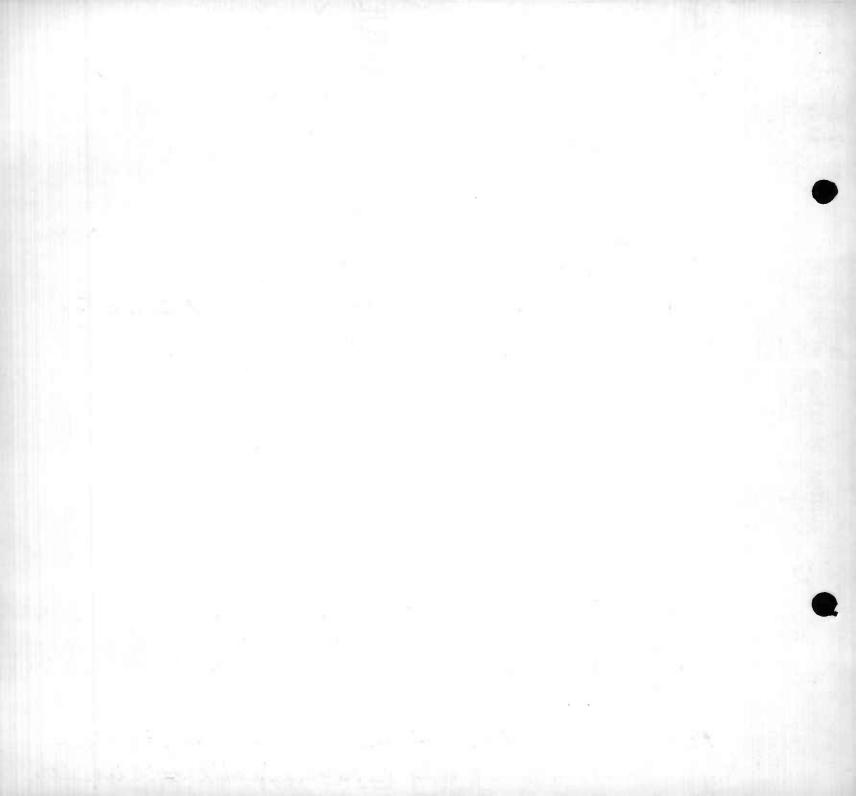
V\$ 150-REV. 1/1/65

E 1550WN 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) DATE

66

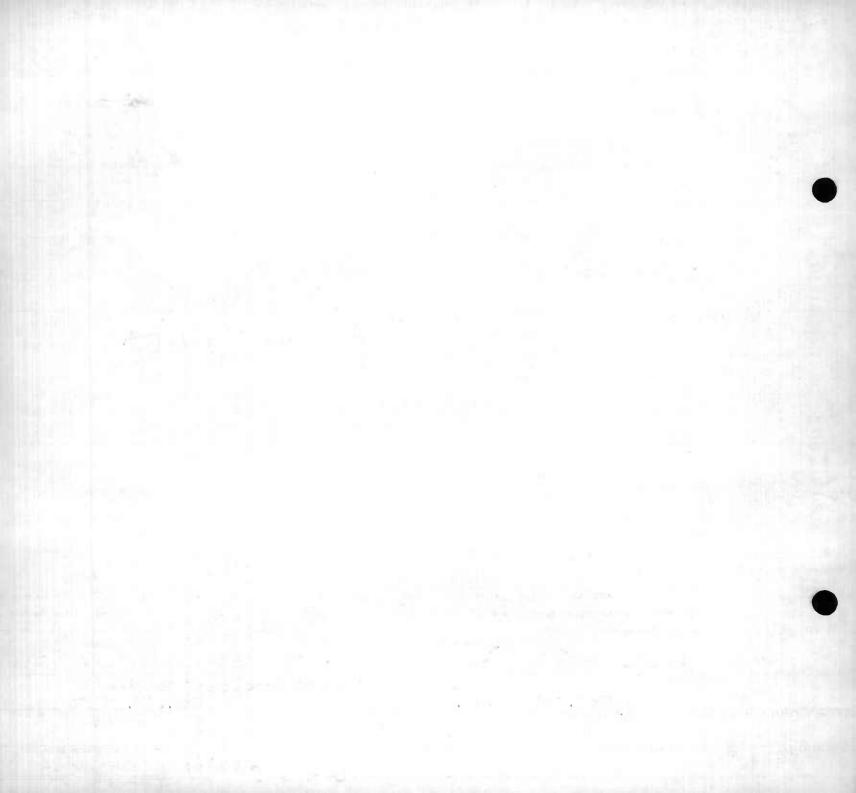


	TH NO. 66 08413 CERTIFICATE OF DEATH Registered No.	66 08413
M.	CASE NO.	00 00419
(Ty	DI ZIO	30 PM W
	FULL NAME OF (If not in hospitol or institution, give street oddress or location)  A. STATE  B. COUNTY  A. STATE  B. COUNTY  A. STATE  B. COUNTY  C. CITTOR TOWN  If outside city limits, with RU	A Battimore Red and give township)
5	Johns Hopkins Hospital Baltimore  D. STREET ADDRESS (IF TUTO), give locations  2223 E. Chase S	t.
E	F C married 12/3/37 28	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  DUSLING (State or foreign country)  Baltimore, rod,  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
C	To septe Fond  MARY WINN  Was Deeposed Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT	ADDRESS
(Ye	s, no or unknown) If yes, give wor or dotes of service) SECURITY NO.  Howard Lee 2223 E. Ch	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) SWOWACH NOW	interval between onset and death
		••••••••••••••••••••••••••••••••••••••
	ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION YES 198. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore (bottom), street, office bldg., INJURY OCCUR? etc.)	City, give exact locotion)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY (APPROX.)  While At Work At Work	,
	22. I certify that (this haspital) attended the deceased fram \$1.2.6. 19 to 8. (that (M) (we) last saw the deceased alive on \$1.0.0 19 6.6 and that in (M) (aur) apini	an death accurred an the date
	Attending Med. Director Phys. 23C. PHYSICIAN'S	8/12/66
244		IS HOSPITAL
1	REMOVAL (Specify)  REMOVAL (Spec	Nirseinia (Stote)
L	AUG 19 1966 (1) O. F. E. Starkenten O Franchick Microllick 243/	Ellier St.
VS	150-REV. 1/1/65	

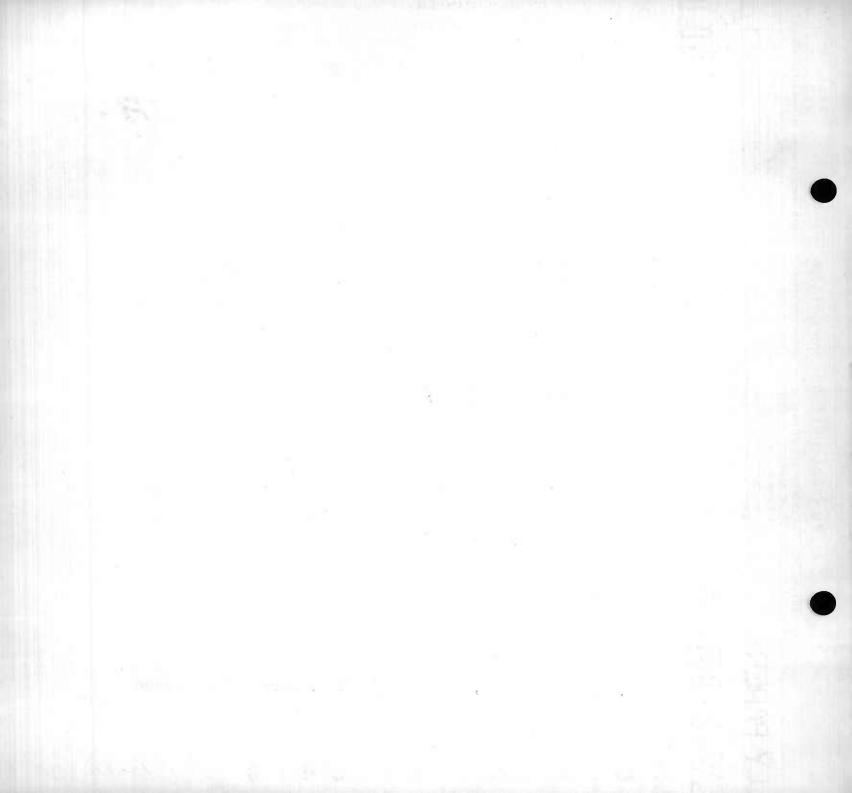


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

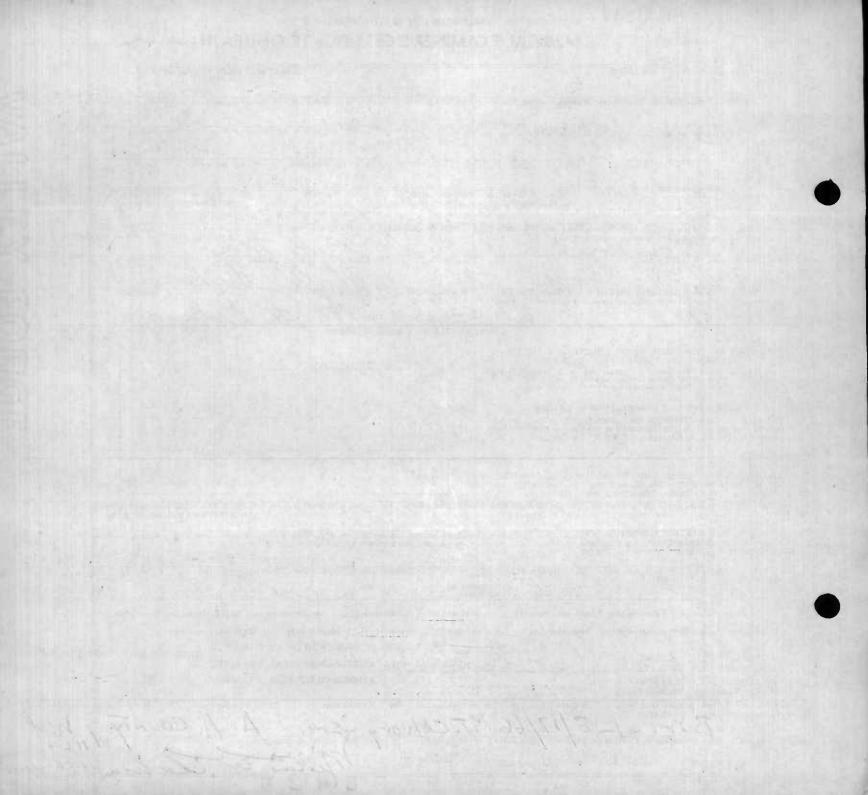


0	- 500		66 08415	CERTIFICATE OF D		Registered Na.	66 08415
	f deat f deat ecease on th h. Suc	1. N (Typ	CASE NO.	A. STATE	Du	HOUR OF DEATH	M. itulion: residence before odmission)
	cat tend r to	H	JLL NAME OF OSPITAL OR oddress or location)  (If not in hospital or institution, give stooddress or location)	c. city of 10	elte	more	JRAC Gld give township
	ar de.	5. S	1034 M Hansu  6. RACE 7. MARRIED, NEVE WIDOWED, DIV		74 / 19 TH' 9	AGE (In years ost birthday)	If Under 1 VI If Under 24 Hrs. Months Doys Hours Min.
	or control determine decease tion is	done	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSII during most of working life, eyen if retired)	8,0	Estate or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
TNY	stant if de ne direct ind; (4) Un eath was e on the al disposi	6		MOTHER'S INCOME TO THE PROPERTY NO.	MAIDEN NAM	Lump	ADDRESS
APORTA	his assi to, if the fany k nced d endanced or fin		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	luni	& Faits	INTERVAL BETWEEN ONSET AND DEATH
OR: 11	iner or ner. A acture prono ular at mbalm		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	(A) DUE TO		7. (6.)35	27 12-(77017)
IRECT	cal examial examis; (3) A frian who s in reg		DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO			
ERAL D	f medical medical y burns; physicia ian was e remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	180			
Z	Chie Bod Bod the the	ERTIFIC	198. CONDITION FOR WHICH	OPERATION 20 A. AUTOPS	SY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
F	by the spital by ure; (2) where () No ph	CALC	21 A. ACCIDENT WAS UNDERLYING 21 B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 B. PLAC home, form	E OF INJURY (e.g., in or obout 21C. W. n, foctory, street, office bldg., INJUR	HERE DID Y OCCUR?	(If in Baltimore	City, give exact locotion)
	hosp natur cept w d (6)	N N	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU OF INJURY (APPROX.) While At Work	Not While At Work	OW DID INJU	RY OCCUR?	
	approtection to the standard (ex h); are be obtained.		22. 1 certify that (I) (this haspital) attended the de- that (I) (we) last saw the deceased alive an	19	ond tha		
	eased eased ident hospit o deat must		and haur and fram the causes stated abave. (1) (Wa	Attending Phys.	Med.	Stoff Phys.	238. DATE SIGNED 65.
	certificate m sody was rel rs: (1) An acc D.O.A. at a   ased prior to		BURIAL CREMATION,  248. DATE /  24C. NAME .	M.D. 23 DADPRESS .	4.7		ty 21217 , town, or county) (State)
	body vs: ( D.C D.C		REMOVAL (Specify)  Dury 18/46 1/46  DATE REC'D BY HEALTH DEBY.   258. NASKE OF REC	utus Men. Ta	AL DIRECTOR	arbutu	ADDRESS .
	This the show was dece	VS	AUG 19 1966 1 0 68	Falley Ha > Jose	16/13	Elekson	1129M. Carling



The Belliam City Manual 13th 9843 55 Horsen K Florida UDIA . Low A ... 4 Any 1966 part telemony Enter or the co me the ce the DARame Ir. Blown City Haple 13

BIR	TH NO.		WEDI	CALEX	AMINER'S	EK HE	ICAI	E OF D	EAIH Registe	red No	
	E CASE NO.										
1. I (Ty	Pe or Print)	EASED						2. DATE AND	HOUR PRONOUNC	ED DEAD	
				OMAS	DICKER			8-15-			19:50 A. M.
	PLACE IN BALT					Mary	vland		B. COL	YTY	dence before odmission)
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION								corporate limits, write	RURAL	nd give township)
	PRONOUN	ICED:	700 F	LEET ST	REET	D. STREE		SS (If rurol, g		7.00	
5. 5	EX	6. RACE		7. MARRIED.	NEVER MARRIED	B.DATE		Broadway	9. AGE (In years	I If Undo	r 1 Yr. If Under 24 Hrs.
	ale	Colore	d		DIVORCED (specify)	Juse	14.1	932	last birthdoy	Months	Doys Hours Min.
	. USUAL OCCU			TOB KIND OF	BUSTNESS OR INDUST	IN DIRTH	PLACE IS	tote or foreign	country)	12. CITIZ WHA	EN OF
13.	FATHER'S NAM	yerry	Est.		U	14. MOTE	IER'S MA	IDEN NAME	ac		
1	the and	- 16	-			0	//	1'	0. 6.		
15.	WAS DECEASED	D EVER IN IL	SARMED	132	16, SOCIAL	17 INFOR	SANT	wh	Mikue	ADDRES	
	, no or unknown)				215-28-65	K	901	11.	Dukusa	N.	
-	18.					E OF DEA	TH	LEG K	THEREN		INTERVAL BETWEEN
	1-9	E OR COND	ITION DI	RECTLY		L OI DEA					ONSET AND DEATH
		LEADING T	O DEATH		(A)	Drown	ning				
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)										
	ANTECENDENT CAUSES										
	DISEASES	OR CONDITIO	ONS, IF A	NY, GIVING	(8)						***************************************
		E ABOVE CAL		A IING THE							
ON					(C)						
CERTIFICATION	TO THE	NIFICANT COLDEATH BUT	NOT REL	ATED TO T							
RTI	19A, DATE OF	OPERATION			WHICH OPERATION	20A, A	UTOPSY?	(Yes or No) 2	B. IF YES, WERE FII	NDINGS C	ON SIDERED
	0		WAS PER	FORMED				11	CERTIFYING CAU	SES OF DE	EATH?
EDICAL	UNDERLYING X	OR CONTRIB.		21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg.	INJURY	OCCUR?	in Boltimore City, gi		
ME	21D TIME	(Month) (D	ay) (Year	1 4 240 2	Harbor			more Ha			Ft. Carroll
	OF INJURY (APPROX.)		1 '6	11.40		WHILE X			uise Ship	ed ir	om Port
	22. I cert	ify that I he	ld on li	nquiry 🗌	. 50	utapsy 🗌			basis, death in n	ny apinla	n
	result	ted from: No	poraleas	ses 🗌 A	ccident Suici	de X	Hamicid	e Ur	determined mann	er 🗌	
		N	/11	A	7	СН	HEF ME	DICAL EXA	MINER _		
	SIGNATI		(N)	nole	- L M.I	ASSIST	ANT ME	DICAL EXA	MINER XX		DATE SIGNED
	EXAMIN NAME (1	ER'S	RUDIG	ER BREI	TENECKER, M.I	ASSOCI		DICAL EXA			8-15-66
	BURIAL CREA		DATE	23	C. NAME OF CEMETERY	or CREMAT	TORY	23 D. LO	CATION (City,	, town, or	county) (State)
1	SUMI	46	3/17	1661	TT. CALVA	nu C	512	A	A. Co	UNT	y I mol.
24/	A. DATE REC'D	BY HEALTH	DEPT.	248. NAME	OF REGISTRAR	240.	FUNERA	L DIRECTOR	3 0	1	ADDR/59/29
	AL	16 19 1	966 U	Bleut &	E. JakeyMA	1	1.0	1	3. 11	-0	Nichrdin
VS	151-REV. 1/1/6	65 A /	201	9 6		7 0	fin	7 0	- Can	ma	



	AME OF DEC		CKEE			8-7-		12:4
F	ULL NAME O		tol or institution, give street		MARYI	LAND	Baltimore	
	NOITUTITE		HOPKINS HOSPI	TAL	D. STREET AL	MADRE	Dundalk rurol, give location)	RURAL ond give township
							RTHPOINT	
	MALE	WHITE	7. MARRIED, NEVER MAR WIDOWED, DIVORCED NEVER MARR	(specify)	5-31.	-66	9. AGE (In years lost birthdoy)	Months Doys Hours
		JPATION (Give kind of v working life, even if retire	work 10B. KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLAC	CE (Slote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	None		None		Mary	rland		U. S. A.
13. F	FATHER'S NAM				14. MOTHER'S	MAIDEN NAM	ΛE	
	WILLI	AM MCKEE			JUDY	MURRAY		
15. V	Nas Deceased	Ever in U. S. Armed		4.30	17. INFORMAN			ADDRESS
	No	in yes, give wor or t	Note	₹	Mrs. Ju	dy McKee	3011 Old	d North Pt. Ro , Md. 21222
	18. 6 6		6 1	CAUSE Q			The same of the same	INTERVAL BET
		SE OR CONDITION	DIRECTLY and		-			ONSET AND
		LEADING TO DEAT			MORRHAG	HE CERE	BRAL INFAR	CT- (SDII)
	(This does n	asthenia, etc. It med	of dying, e.g.	DUE TO	///			
	injury or cam	plication which cous	sed deoth.)	WI	TH VENT	RICULAR	EXTENSION	N:
		ANTECEDENT CAUS		BU-E-TO				
		OR CONDITIONS,		1.3				
	rise la lhe	abave couse (	A) sloling lhe	01				
1	UNDERLYING	G CONDITION last.		10				
	UNDERLYING		5	8/10	# # # # # # # # # # # # # # # # # # #			
TION	OTHER SIGNI	FICANT CONDITIONS	ELATED TO THE	9//8		** }		
TIFICATION	OTHER SIGNI TO THE D DISEASE OR	FICANT CONDITIONS FATH BUT NOT R CONDITION CAUSIN OPERATION 198. C	ELATED TO THE	ATION	20A. AUTO	PSY? (Yes or No	208. IF YES, WERE	E FINDINGS CONSIDERED
ERTIFIC	OTHER SIGNI TO THE D DISEASE OR	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN  OPERATION 19B. C WAS I	ELATED TO THE	ATION				E FINDINGS CONSIDERED AUSES OF DEATH? YES
CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDER OR CONTRIBL	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 198. C WAS I	ELATED TO THE G IT. CONDITION FOR WHICH OPERA PERFORMED	ATION NJURY (e.g., ir	or obout 21C.	WHERE DID		E FINDINGS CONSIDERED AUSES OF DEATH? YES DIE City, give exact locatio
ICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF 21 A. A. C. CIDER OR CONTRIBL DEATH (notify	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 198. C WAS I	ELATED TO THE GIT. ONDITION FOR WHICH OFER PERFORMED  218. PLACE OF IN home, form, focto etc.)	NJURY (e.g., ir	fice bldg., INJU	WHERE DID	(If in Boltimo	
DICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIBL DEATH (notify 21.D. TIME OF INJURY	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 198. C WAS I	ELATED TO THE GIT. ONDITION FOR WHICH OPERAPERFORMED  21B. PLACE OF IN home, form, focto etc.)  on (Hour) 21E. INJURY OCC	NJURY (e.g., irry, street, of	or obout 21C. fice bldg., INJU	WHERE DID	(If in Boltimo	
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIBL DEATH (notify 21.D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 198. C WAS I  NT WAS UNDERLYING T CAUSE OF medicol exominer)  (Month) (Doy) (Ye	ELATED TO THE GIT.  GIT.  ONDITION FOR WHICH OF IN home, form, foctoetc.)  OIT (Hour) 21E INJURY OCCUMENTS	ATION  NJURY (e.g., ir rry, street, of  CURRED  Not Whill At Work	or obout 21 C. fice bldg., INJU	WHERE DID IRY OCCUR? HOW DID INJ	(If in Boltimo	ore City, give exoct locoho
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN 19B. C WAS I NT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Yethat (I) (this haspi	ELATED TO THE GIT.  GIT.  21B. PLACE OF IN home, form, foctor of the control of t	NJURY (e.g., ir rry, street, of CURRED Not Whil- At Work	or obout 21 C. fice bldg., INJU	WHERE DID IRY OCCUR? HOW DID INJ	(If in Boltimo	
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MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR  19.A. DATE OF  21.A. ACCIDE OR CONTRIBL DEATH (notify  21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS I  NT WAS UNDERLYING THE CAUSE OF medical examiner)  (Month) (Day) (Ye  that (I) (this haspi	ELATED TO THE GIT.  GIT.  21B. PLACE OF IN home, form, foctor of the control of t	NJURY (e.g., ir rry, street, of CURRED Not Whill At Work	21F.	HOW DID INJU	(If in Boltimo	ore City, give exoct locoho
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MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDET OR CONTRIBL DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and have and	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 198. C WAS I  NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Day) (Ye  that (1) (this haspi	ELATED TO THE GIT.  GIT.  ONDITION FOR WHICH OF A PERFORMED  21B. PLACE OF IN home, form, foctoetc.)  ori (Hour) 21E. INJURY OCC While At Work  work  ital) attended the deceased assed alive an JULY	NJURY (e.g., irry, street, of CURRED  Not Whill At Work  I fram  28  (did nat) v	JULY  19 66  iew the bady	WHERE DID  RY OCCUR?  HOW DID INJ  24 and the after death.	(If in Boltimo	ULY 28 Dinlan death accurred of 23B. DATE SIGNED
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and have and 23.A. SIGNATUR 23.C. PH SICIA	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS I  NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Doy) (Ye  that (I) (this haspi last saw the deced d fram the causes s	ELATED TO THE GIT.  GIT.  ONDITION FOR WHICH OF A PERFORMED  21B. PLACE OF IN home, form, foctoetc.)  ori (Hour) 21E. INJURY OCC While At Work  work  ital) attended the deceased assed alive an JULY	NJURY (e.g., ir rry, street, of CURRED Not Whill At Work I fram 28 (did nat) v	JULY  19 66  iew the bady	WHERE DID  RY OCCUR?  HOW DID INJ  24 and the after death.	(If in Boltimo	ULY 28
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR  19.A. DATE OF  21.A. ACCIDE OR CONTRIBL DEATH (notify  21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23.A. SIDNATU  23.C. PHISICIA NAME (T)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS I  NT WAS UNDERLYING THAT (I) (this haspi last saw the deceived from the causes s  RE LATS TO NOT REPORT TO NOT R	ELATED TO THE GIT.  GIT.  ONDITION FOR WHICH OF A PERFORMED  21B. PLACE OF IN home, form, foctoretc.)  Only (Hour) 21E. INJURY OCCUPANT OF A PERFORMED  While At Work  Work  Work  Stated abave. (I) (We) (did)	NJURY (e.g., ir rry, street, of CURRED Not Whill At Work I fram 28 (did nat) v	JULY  19 66  lew the bady  23D. ADDRESS	HOW DID INJU  24. 1  and the after death.  Med. Director	(If in Boltimo	ULY 28  Dinlan death accurred of 8-8-66
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDER OR CONTRIBL DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SISNATU  23C. PHISICIA NAME (T	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS INT WAS UNDERLYING ITING CAUSE OF medicol exominer)  (Month) (Doy) (Ye that (I) (this haspi last saw the decend from the causes s RE INT WAS UNDERLYING	ELATED TO THE GIT.  GIT.  21B. PLACE OF IN home, form, foctor etc.)  21E. INJURY OCCUPANTE Work  Work  Stated abave. (I) (We) (did)  RODRIQUEZ	NJURY (e.g., irry, street, of CURRED  Not Whill At Work  I fram  28  (did nat) v  M.D. Atte	JULY  19 66  The bady  anding  23D. ADDRESS  THE	WHERE DID  IRY OCCUR?  HOW DID INJU  24  and the after death.  Med. Director	(If in Boltimo  URY OCCUR?  19.66 ta J  at in(my) (aur) ap  Stoff XX  HOPKINS H	ULY 28 Dinlan death accurred of 8-8-66
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDER OR CONTRIBL DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SUSNATU 23C. PHISICIA NAME (T	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS I  NT WAS UNDERLYING (Month) (Doy) (Ye  that (I) (this haspi last saw the deced d fram the causes s  RE I  MATION, 24B. DATE Specify)	ELATED TO THE GIT.  ONDITION FOR WHICH OF PERFORMED  21B. PLACE OF IN home, form, foctoretc.)  (Hour) 21E. INJURY OCCUMBER At Work  While At Work  ital) attended the deceased assed alive an JULY.  Stated abave. (I) (We) (did)  RODRIQUEZ  24C. NAME of CEME	NJURY (e.g., ir rry, street, of CURRED  Not Whill At Work  I fram  28  (did nat) v  M.D. Atter  M.D. Atter  M.D. CREERY or CRE	JULY  19 66  lew the bady  23D. ADDRESS THE	WHERE DID  RY OCCUR?  HOW DID INJU  24, 1  and the after death.  Med. Director   JOHNS	(If in Boltimo	ULY 28  Dinlan death accurred of 8-8-66
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDER OR CONTRIBL DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SUSNATU 23C. PHISICIA NAME (I) BURIAL CRE REMOVAL (S)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN PROBLEM TO THE CONDITION CAUSIN TO THE CONDITION CAUSIN TWAS UNDERLYING CAUSE OF medicol exominer)  That (I) (this haspilast saw the decend from the causes of the cause of the causes of the cause of the causes of the causes of the cause of t	ELATED TO THE GIT.  ONDITION FOR WHILE OF IN home, form, foctorect.  ONDITION FOR WHILE OF IN home, form, foctorect.  ONDITION FOR WHILE OF IN home, form, foctorect.  Ital) attended the deceased ased alive an JULY stated abave. (I) (We) (did)  RODRIQUEZ  24C. NAME of CEME	NJURY (e.g., ir ory, street, of CURRED Not Whill At Work I fram 28 (did nat) v	JULY  19 66  lew the bady  23D. ADDRESS  THE	WHERE DID  RY OCCUR?  HOW DID INJU  24, 1  and the after death.  Med. Director   JOHNS  24D. Le	(If in Boltimo	ULY 28  Dinlan death accurred of 8-8-66  OSPITAL  City, town, or county)  Le Hggy. Mary
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDER OR CONTRIBL DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SUSNATU 23C. PHISICIA NAME (I) BURIAL CRE REMOVAL (S)	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN OPERATION 19B. C WAS I  NT WAS UNDERLYING (Month) (Doy) (Ye  that (I) (this haspi last saw the deced d fram the causes s  RE I  MATION, 24B. DATE Specify)	ELATED TO THE GIT.  GIT.  21B. PLACE OF IN home, form, foctor etc.)  21E. INJURY OCCUPANTE MARKET OF INTERPORT OF INTERPOR	NJURY (e.g., ir ry, street, of CURRED  Not Whill At Work  I fram  28  (did nat) v  M.D. Atter  M.D. Atter  CETERY or CRE	JULY  19 66  iew the bady  23D. ADDRESS THE  MATORY  25C. FUNE	WHERE DID  RY OCCUR?  HOW DID INJU  24, 1  and the after death.  Med. Director   JOHNS	Of in Boltimo	ULY 28  Dinlan death accurred of 8-8-66

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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

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00	00450		DALTIMORE CITT HEAL			06 08420
BIRTH NO.	MEDI	CAL EX	KAMINER'S CI	ERTIFICATE	OF DEATH Regis	stered No.
M.E CASE NO.						
1. NAME OF D	ECEASED	Tomas	DoMontin	2. D	ATE AND HOUR PRONOUN	
3 PLACE IN BA	LTIMORE MARYLAND, W	Jerry	DeMartin	4. USUAL RESIDENC	8/16/	nstitution: residence before odmission
3. 12.402 111	TIMORG MARIENTO, W	HERE PRONO	ONCED DEAD	A. STATE	B. C	OUNTY
FULL NAME OF	F (IF NOT IN HOSPITA	L OR INSTITU	UTION, GIVE STREET		cyland  (If outside corporate limits, w	rite RURAL and give township)
INSTITUTION	ADDRESS OR LOCA	11014)			~	16-36
					(If rurol, give locotion)	2 2 10
	1223 Cavendis	h Way	# 24			# 24
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	23 Cavendish Wa	Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
male	white		DIVORCED (specily)		lost birthdoyl	Months Doys Hours Min.
	CUPATION (Give kind of work		erried	June 5	T300	12. CITIZEN OF
	of working life, even if retired)	NOW MIND OF	1 BOSHIESS OK HIDOSIKI	III. BIRTHIEACE (SIOIS	or lotergii coomity)	WHAT COUNTRY?
Re 13. FATHER'S NA	tired	Gu	ard	14. MOTHER'S MAIDE	sburgh, Pa.	U.S.A.
	Michael 1	DeMart:	in	Не	len ?	
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W. W.	II	FAR RA BIAN	5 Gladys M	. DeMartin	Same.
18.	1 46 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DU	DECTIV				ONSET AND DEATH
Dist	ASE OR CONDITION DIL	RECILI	(A) Arteri	osclerotic o	cardiovascular	disease
heort foilu	s not meon the mode of re, osthenio, etc. It meons	the disease,	DUE TO			
injury or o	complication which caused	deoth.)				
	ANTECENDENT CAUSE	S	(P)			
	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST		DUE TO		••••••••••••	
UNDERLY	TING CONDITION LAST.		(4)			
6			(C)			
OERA SE DISEASE 19A. DATE C	II GNIFICANT CONDITIONS	CONTRIBUTII	NG			
E TO THE	DEATH BUT NOT REL	ATED TO T	THE			
19A. DATE			WHICH OPERATION	20A. AUTOPSY? (Yes	s or No. 208. IF YES, WERE	FINDINGS CONSIDERED
0 9	WAS PERI	FORMED		yes	IN CERTIFYING CA	
	IAL CAUSE WAS	218.	PLACE OF INJURY (e.g.,	n or about 21C. WHER	E DID (If in Boltimore City,	give exoct location)
	GOR CONTRIB-	etc.)	e, form, foctory, street, o	the bidg., INJURY OC	CUR?	
Z 21 D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW I	DID INJURY OCCUR?	
OF INJURY	tivionini (Doy) (redi		WHILE AT TO NOT		D.D. HILLORY O'GGO K.	
			WORK AT W	ORK		
22. I ce	ertify that I held an I	nquiry 🔲	Inspection Aut	apsy X and the	it on this basis, death In	my apinian
ras	ulted fram: Natural car	ses X A	Accident Suicide		Undetermined mar	nner
			7.		CAL EXAMINER	
ACTU		,	911	The state of the s	CAL EXAMINER 3	DATE SIGNED
SIGNA	I DE DAS	1 h	5M ( M.D.	ASSOCIATE MEDI		8/16/66
	(Type) Werner	U. Spi	itz, M.D.	ASSOCIATE MEDI	CAL EXAMINER	0, 20, 00
23A. BURTAL CI	REMATION, 238. DATE		C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (C	ity, town, or county) (Stote)
Buri		66	Arlington N	ational	Arlington	To
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D	RECTOR	ADDRESS
			0 7.0	100	10,6224	I EASTERN AVE.

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1	66 08422 BALTIMORE CITY HEALTH	H DEPARTMENT
0-160	BIRTH NO. MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH Registered No. 66 US422
	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print)	2, DATE AND HOUR PRONOUNCED DEAD
	GARLAND COOPER	8-20-66 8:00 P. M.
		. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparote limits, write RURAL and give township)
	INSTITUTION	Baltimore 19-02
	FRANKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
	Yana da	1500 W. Fayette Street
	S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8.   WIDOWED, DIVORCED (specify)	DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	Male Colored	3/31/1934 32
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY)	1. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?
	year and the same of the same	MASHUILLE -N.C. Y.JA.
	1 1 058	FlORENCE GRIFFIN
		7. INFORMANT ADDRESS
	(Yes, na arunknawn) (If yes, give wor ar dotes of service) SECURITY NO.	BEENICE GODER 3475 CHILIDS G.
	18. CAUSE C	OF DEATH INTERVAL BETWEEN
		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ab wound of chest
	(This does not mean the mode of dying, e.g., DUE TO hear failure, asthenio, etc. It means the disease, injury or complication which caused death.)	
	injury or complication which caused death.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
•	O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TE TO THE DEATH BUT NOT KELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes Yes
	Z1A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in home, farm, foctory, street, offi	or about 21C, WHERE DID (If in Boltimore City, give exact lacation) ce bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. Street	100 Block of North Gilmore Street
	21D TIME (Manth) (Doy) (Year) (Haur) 21E INJURY OCCURRED 3:00	21F. HOW DID INJURY OCCUR?
	(APPROX.) O TO ICC WHILE AT NOT W	Stabbed in chest
	22. I certify that I held an Inquiry Inspection Auto	psy 🗓 and that an this basis, death in my aplnlan
	resulted fram: / Natural causes Accident Sulcide	
	Will Am ()	CHIEF MEDICAL EXAMINER
	SIGNATURE Molecular M.D.	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-21-66
	NAME (Type) RUDIGER BREITENECKER & M.D.	CREMATORY 23D. LOCATION (City, town, or county) (State)
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specific	CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burnt 8/14/66 PM Clark	ma Navo III
	AUG 22 1966 A D. R. S.	Marshan Dethon L38 NG 12 mon A
	AUG 22 1900 Olokent E. Jalley Mit	Wardow Little 100 14 815140
	VS 151-REV. 1/1/65	

2/20/1934 There we tern Denois has shareness - 415 4 30 Florence Campaid Journs Coopers BIE-30-6641 BREWER GODER SYSK CHOSS FOR But 8/20/50 pot and

IMPORTANT

DIRECTOR:

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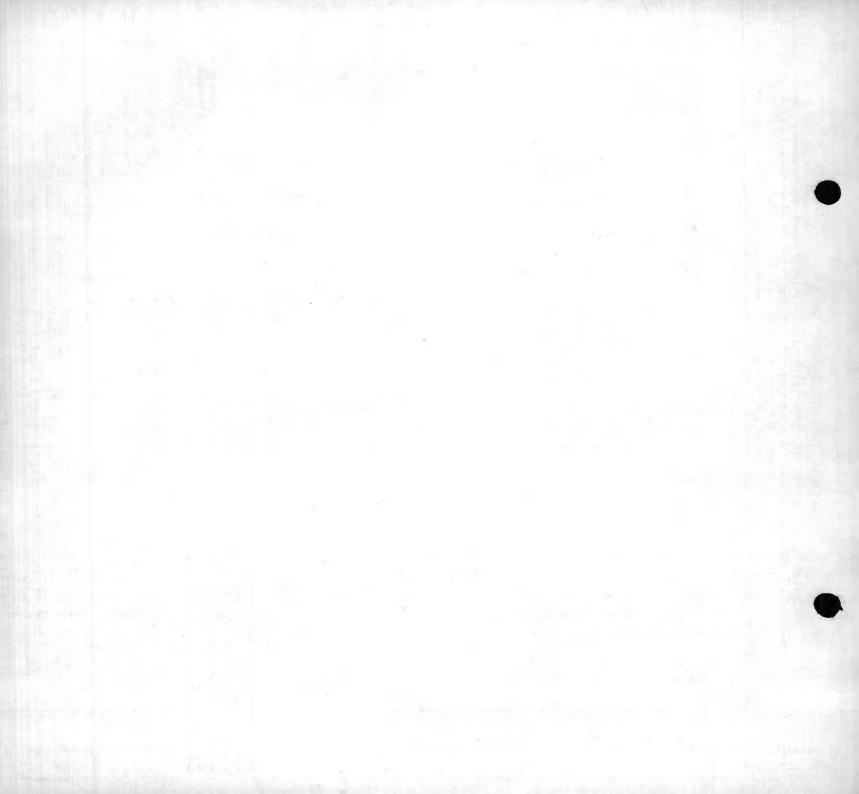
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00.0	BALTIMOR	E CITY HEALTH DEPARTMENT		66 08427
BIRTH NO. 66 0	5427 CERTIE	ICATE OF DEATH	Registered Na.	00 00467
M.E. CASE NO.  1. NAME OF DECEASED	<b>32</b> .(11)		ID HOUR OF DEATH	
(Type or Print)	rt Daball	Sinton 81	1.0111	111111
PLACE OF DEATH IN BALTIMOR			re deceased lived. If in:	stitution: residence before admissio
		A. STATE B. COUN	ITY / /	
FULL NAME OF (If not in he oddress or	ospital or institution, give street	Md. Ba	/timorn	City
INSTITUTION		/ / / / /	tside city limits, write R	
1 Union W	removial Itospi	141 139	It i word	C The work of the best
		D. STREET ADDRESS	rurol, give location)	want St RIt
		13/18	N. Cal	Uput SI, BallI
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	ify) B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
101	WIDOWER	1121/1869	97	
IGA, USUAL OCCUPATION (Give kind done during most of working life, even if r	of work 108, KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	140eun	Wa.		1) <
13. FATHER'S NAME	19900	14. MOTHER'S MAIDEN NA	ME	0, 2-
1.1. 2		H-11 H-		
George FSinton	rown	Relly Feary u	) 4	ADDRESS
(Yes, no oi unknown) (If yes, give wor	or dotes of service) > SECURITY NO.	17. INFORMANT	1	
NO Untry	None None	Mus Mava	900+5-10 x	60504.
18. / 17		USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO		B) = 60	h ,	ONSET AND DEATH
LEADING TO D	1 0 0 1 < 1	FX OF (K)	hip	4 deus
(This does not mean the ma	de of dying, east DUE	0		/
injury or complication which of	aused death.)	ELILE	06	
ANTECEDENT CA	AUSES DUE	TO		+
DISEASES OR CONDITIONS		10	1. + (.1.	200
rise to the obove cause UNDERLYING CONDITION to		1009 1451 0111	Trav   Faile	
11	/ #3	OF West In Se	en lang 10. f	16CVB
O OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE SING IT.			
	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
194. DATE OF OPERATION 198	AS PERFORMED Lip FX	No	IN CERTIFYING CAL	JSES OF DEATH:
U 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O	ING 218. PLACE OF INJURY	reet, office bldo. INJURY OCCUR?		City, give exact location)
DEATH (notify medical examiner)	405 etc. Nuvsiaa	reet, office bldg., INJURY OCCUR?	THE AUP	's Dusing Home
Q 21D. TIME (Month) (Doy)	(Year) (Hour) 21E, INJURY OCCURRI	ED 21F. HOW DID INJ		13011107001
OF INJURY (APPROX.)		of While	1 6 +	F Chair -41
0 / 9	De la la	Work + P//	1 / 10	110
	spital) attended the deceased from		1966 to 8	19.66
that (I) (we) last sow the de			at in (my) (aut) opin	nian deoth accurred on the do
and haur and from the cause	s stated above, (I) (We) (did) (did	nat) view the bady after death.		
23A. SIGNATURE	AA I			23B. DATE SIGNED
mules /1/	Olyssen by M.E	Attending Med. Phys. Director	Stoff Phys Stoff	8/18/66
PAC. PHYSICIAN'S	Di FO III OLI POELI	23D. ADDRESS		
DI NAME (Type) CHA	RLES H. CLASSEN	M.D. UNION MEMO	RIAL HOSPI	TAL
24A. BURIAL CREMATION, 24B. DA	ATE 24C. NAME of CEMETERY			y, town, or county) (State)
REMOVAL (Specify)				
Burial 8-20			ltimore, Ma	-
25A. DATE REC'D BY HEALTH DEPT	. ~ .	25C. FUNERAL DIRECTO	4600 L	iberty Aghts. Ave.
AUG 22 196	6 P. P. B. & Stanting	a Observe Univer		ore, Maryland
VS 150-REV. 1/1/65	200			

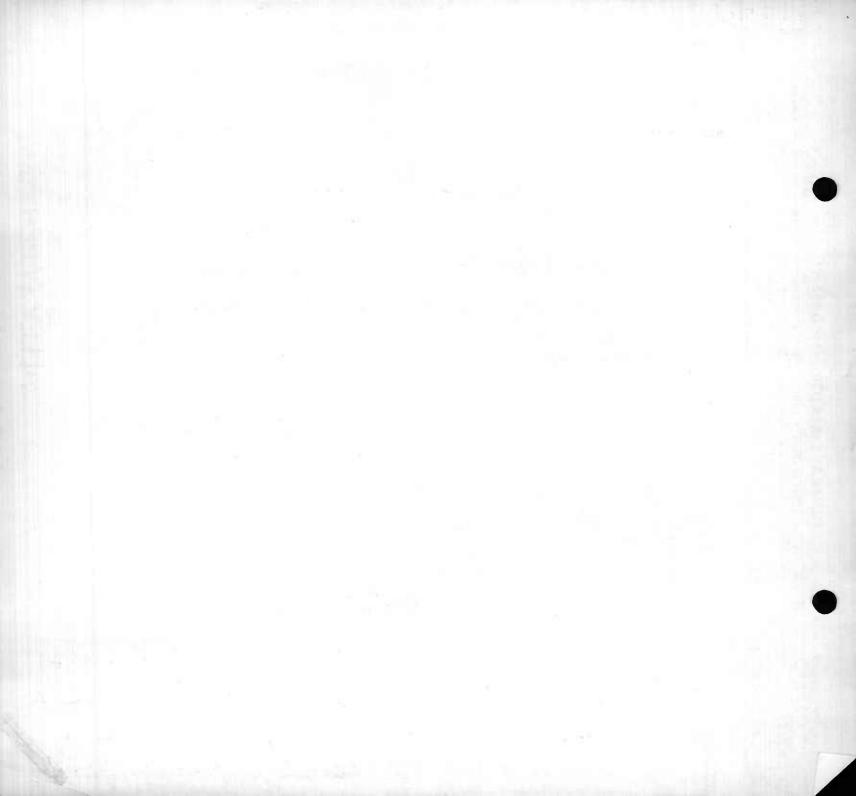
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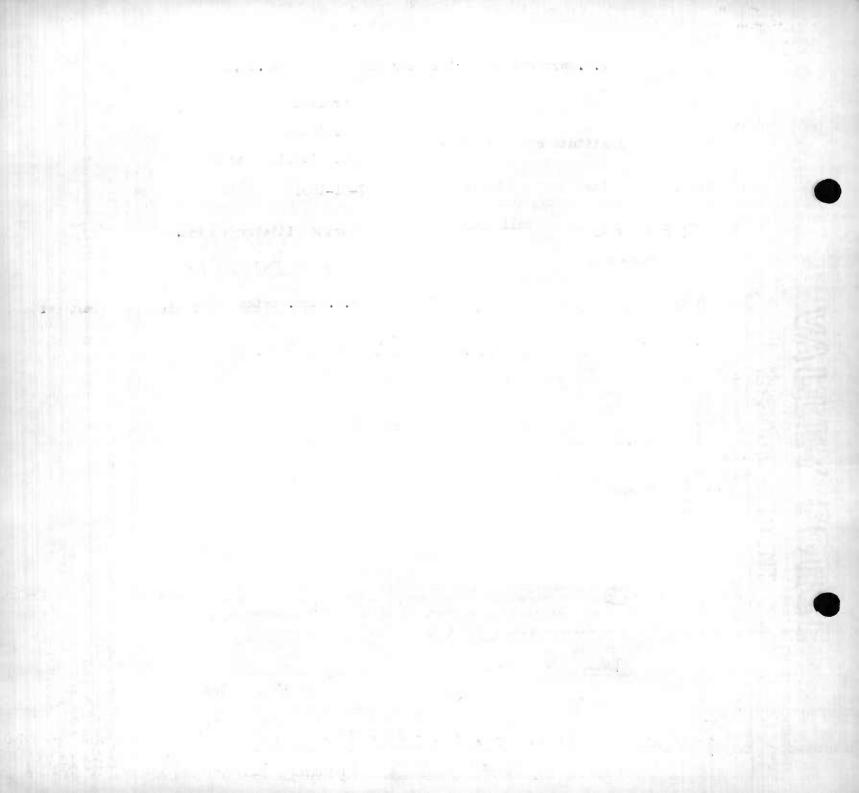
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V\$ 150-REV. 1/1/65



1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT

TARBURATON

RICHARD G. TARBARTON

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 08431

					1	
-	2. DATE	AND	HOUR	PRONOUI	NCED	DEAD

	2. DATE AND	HOUR	PRONOUNCED DE	AD		
- 100	Augus	19,	1966	3:10	AM	Μ.
4. USUAL RESIDE	NCE (Where	deceased	lived. If institution:	residence	before	admis sion)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dring, e.g., heard foilule, estheric, etc. it means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A.) STATING THE UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  (B)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  (B)  OTHER SIGNIFICANT CONDITION CAUSING IT.  (C).  (D)  OTHER SIGNIFICANT CONDITION CAUSING IT.  (C).  (D)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  (D)  (E)  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  (D)  (E)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (D)  (E)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  (D)  (E)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTION  (D)  (E)  OTHER SIGNIFICANT CONDITION CONTRIBUTION  (D)  (E)  OTHER SIGNIFICANT CONDITION CONTRIBUTION  (D)  (D)  (D)  (D)  (D)  (D)  (D)  (D			45 NOT IN HOLDS		ASSESSED AS	7. 3101	Maryland	b. CO	1	OUNT
Hopkins Hospital    D. STREET ADDRESS III word, give leads and was performed by the property of the property o	H	SPI A CONT	TO PORES OF INC	ATICAL VI	NULU	C. CITY	OR TOWN (If outsi	de carporote limits, wri	e RURAL or	nd give township)
BOX 39 ROUTE #14  BOX 39 ROUTE #14  S. SEX	C	HOK"	ILICUAL		8/30/66		Baltimore	е	5	3-00
S. SEK   Male   White   Whit	-		Hopkins Hos	pital		D. STREE	ET ADDRESS (If ruro	l, give location)		
S. SEK   Male   White   Whit							Box 30 Re	oute #14		
10. USUAL OCCUPATION (Give kind of work) [6] RIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE #50th on foreign country)  12. MATERY NAME	5.	SEX	6. RACE			B. DATE		9. AGE (In years	If Under	1 Yr. If Undet 24 H
IDA USUAL OCCUPATION (cive kind of vertical)    A		Male	White	Moowed, E	-20 17	Oct	1.31 194	14 21	TVIOTINIS I	Doy's Trouis Term
TS. WAS DECEASED EVER IN U.S. ARMED FORCES?  Ves. no arunknawn. (If yes, give war or dolex of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This daes not mean the mode of dying e.g., head follow, e.g. the most few diseases, individual service)  DISEASES OR CONDITIONS, IF ANY, CIVING DISEASES OR CONDITION IS ASSOCIATE MEDICAL SERVICES OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION COUNTS.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS ON THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTROL THE CONDITION OF THE CON					/	11. BIRTH	PLACE Istate or forei	gn country)		
TIS WAS DECEASED EVER IN U.S. ARMED FORCES?    SECURITY NO.   10. SOCIAL   SECURITY NO.   10. SEC	do	ne during most of	f warking life, even if retired)	-		13	206		WHA	T COUNTRY?
SECURITY NO.   SECU	13,	FATHER'S NA	ME /			14, MOTH	TER'S MAIDEN NAM	NE .	67	1. 67
SECURITY NO.   SECU	-	mess	20-17 /2	· Our	time	2	40.00	1 26.	080	111-1
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., head follow, estimate, etc. It means the disease.) ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION AST.  (C).  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  WAS PERFORMED  21A. EXTERNAL CAUSE WAS home, form, inclosy, sheet, office wide, knively occur?  OTHER SIGNIFICANT CONDITION TO RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (it in Boltmore City, give exact locotion) 1 cours of Vincent's Lane  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED  21C. TIME (						17. INFOR	MANT	20001	ADDRESS	won)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (IA) STATING THE UNDERLYING CONDITION LAST.  (C)		heart failur	e, osthenia, etc. It mean	s the disease.	502 10					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (I e.q. in or obauti 21C. Where DID (if in Boltimore City. give exact locotion in			ANTECENDENT CAUS	ES						
UNDERLYING CONDITION LAST.  (C)  (T) THE DEATH BUT NOT RELATED to THE DEATH BUT NOT WHICH OPERATION Yes or No! 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTEURS CAUSES OF DEATH?  Yes  (IN CERTEURS CAUSES OF DEATH?  Yes  (IN JURY OCCUR? Ebenezer Road one mile east of Vincents Lane  21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK  (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X AT WORK					DUE TO					
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21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) thome, form, factory, street, office bidg. INJURY OCCUR? Ebenezer Road one mile etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Operator of motorcycle and struck tre and that on this basis, death In my opinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner  ACTUAL SIGNATURE ACCIDENT ASSISTANT MEDICAL EXAMINER ACCIDENT AUGUST 19, 1966  NAME (Type)	Z				(C)			80 70 70 770 770 000 00 00 00 00 00 00 00	••••••	••••••
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) thome, form, factory, street, office bidg. INJURY OCCUR? Ebenezer Road one mile etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Operator of motorcycle and struck tre and that on this basis, death In my opinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner  ACTUAL SIGNATURE ACCIDENT ASSISTANT MEDICAL EXAMINER ACCIDENT AUGUST 19, 1966  NAME (Type)	F	071158 614		CONTRIBUTION	10					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) thome, form, factory, street, office bidg. INJURY OCCUR? Ebenezer Road one mile etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Operator of motorcycle and struck tre and that on this basis, death In my opinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner  ACTUAL SIGNATURE ACCIDENT ASSISTANT MEDICAL EXAMINER ACCIDENT AUGUST 19, 1966  NAME (Type)	III)	TO THE	DEATH BUT NOT RE	LATED TO TI						*********************
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) thome, form, factory, street, office bidg. INJURY OCCUR? Ebenezer Road one mile etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Operator of motorcycle and struck tre and that on this basis, death In my opinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner  ACTUAL SIGNATURE ACCIDENT ASSISTANT MEDICAL EXAMINER ACCIDENT AUGUST 19, 1966  NAME (Type)	8	19A. DATE C			WHICH OPERATION	20A. A				
UNDERLYINOXOR CONTRIS- UTING CAUSE OF DEATH.    Control   Cause of Death				KFORMED			Yes	IN CERTEBO CAL	ISES OF DE	Ain:
Street    Color   Cause of Death.   Cause of Death	\S	UNDERLYING		21 B. I	farm, factory, street,	in or obou	121C. WHERE DID	(If in Baltimore City, of Ebenezer Ro	ive exact lo	cotion)
OF INJURY (APPROX.) 8-19-66 2:30 A. WHILE AT NOT WHILE X Operator of motorcycle and struck tre  22. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death In my opinion resulted fram: Natural causes Accident X Suicide Homicide Undetermined manner  ACTUAL SIGNATURE EXAMINER ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER AUgust 19, 1966 NAME (Type)		UTING CA	USE OF DEATH.	etc.)						-01
Actual Signature   Examiner's Charles S. Springate, M.D. Associate Medical Examiner   August 19, 1966   Not while X   Not while X   Not while X   Operator of motorcycle and struck tre   Not while X   Operator of motorcycle and struck tre   Not work   Operator of motorcycle and struck   Operator of motorcycle   Operator	Σ	ZID IIIVIE	(Month) (Day) (Yes	or) (Hour) 2						
Certify that I held an Inquiry   Inspection   Autapsy   And that on this basis, death In my opinion resulted fram: Natural causes   Accident   Suicide   Homicide   Undetermined manner      ACTUAL   SIGNATURE   DATE SIGNED		(APPROX.)	8-19-66 2:3	O A. w	HILE AT NOT AT W	WHILE X	Operator (	of motorcycl	Le and	struck tre
ACTUAL SIGNATURE Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER X  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 19, 1966  NAME (Type)			rtify that I held an	Inquiry 🗌	Inspection Au	apsy X	and that on th	nis basis, death In	my opiniar	
ACTUAL SIGNATURE (M.D. ASSISTANT MEDICAL EXAMINER X EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 19, 1966 NAME (Type)		resu	ulted fram: Natural co	uses A	ccident X Suicid	e	Homicide 🗌	Undetermined mann	ner 🗌	
SIGNATURE  SIGNATURE  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER  August 19, 1966  NAME (Type)			171 6	10		CH	HEF MEDICAL E	XAMINER .		D. == 110115D
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 19, 1966 NAME (Type)				SJ. 0	James un	ASSIST.	ANT MEDICAL E	XAMINER X		DATE SIGNED
		EXAMI	NER'S Charles	S. Spri	1 - 1				August	19, 1966
	23.			221	C. NAME OF CEMETERY	CREALA	TORY 23 D	LOCATION /Cit	v. town or	county) //(State)

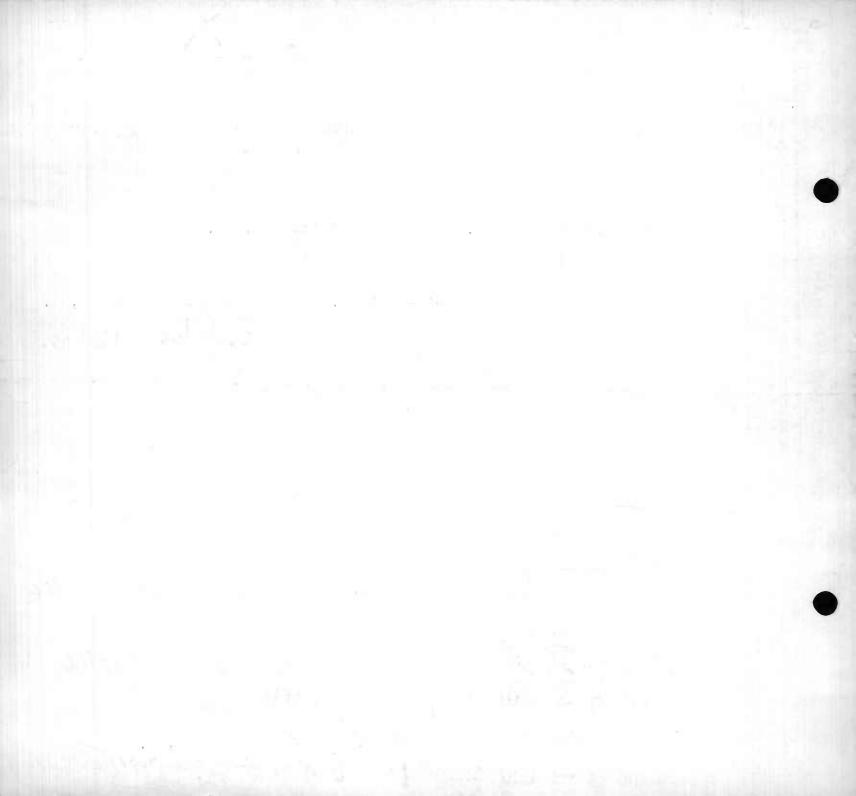
emoreal | 24C. FUNERAL DIRECTOR

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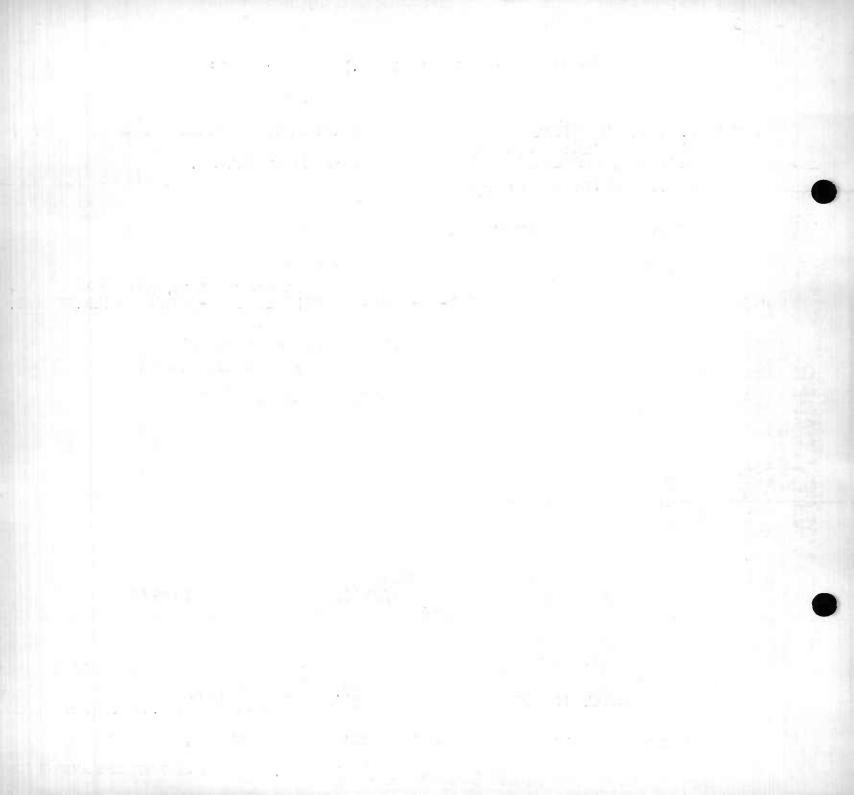
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CERTIFICATION AND NEW PORT



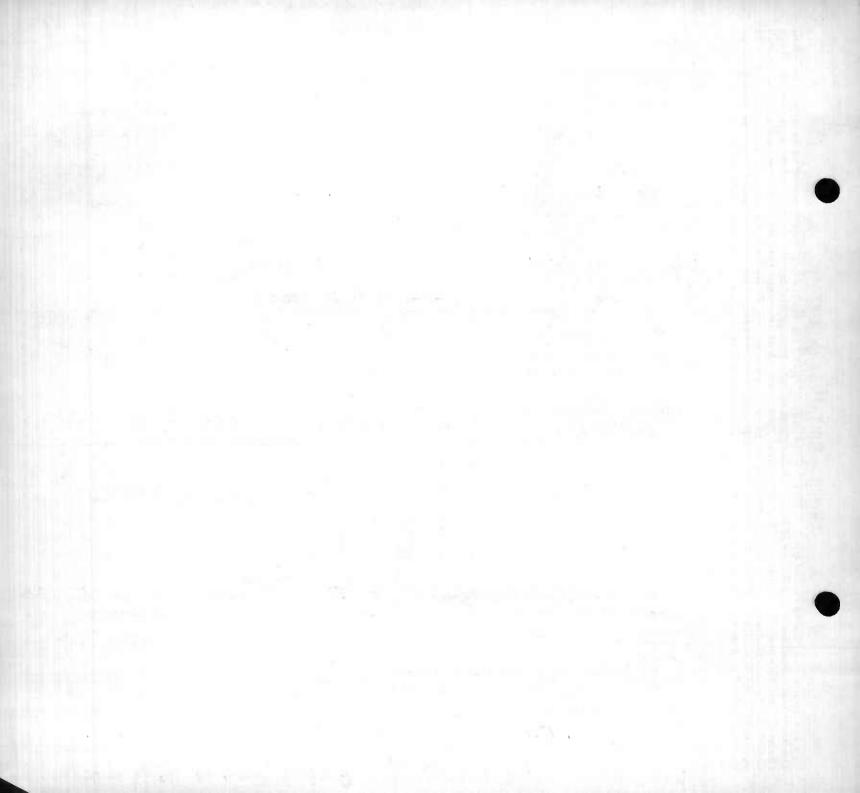
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00 70 00	BALTIMORE CITY	HEALTH DEPARTMENT		66 08433
BIRTH NO. 66 08433	CERTIFICA	TE OF DEATH	Registered No.	00 00433
1. NAME OF DECEASED (Type or Print) CATHERI NE HAMII	TON Y CATHERINE	0/10//	66 5:50 PM	10
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)		A. USUAL RESIDENCE (When A. STATE 8. COUN MARYLAND	e deceased lived. II in TY	stitution: residence belore admissio
HOSPITAL OR oddress or locotion) ST. AGNES HOSPITAL		BALTIMORE, N	MARYLAND	RURAL and give township)
CATON AND WILKENS AVER BALTIMORE, MARYLAND	21229	1013 HAVERHI	rurol, give location)	
FEMALE 6. RACE WHITE 7. MARY	HED, NEVER MARRIED WED, DIVORCED (specify)		9, AGE (In years lost birthday) 71	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN) Ione during most of working life, even if refired)  RETIRED  WALMU	OF BUSINESS OR INDUSTRY TH COMPANY	11. BIRTHPLACE (State or fore)  NEW YORK	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME UNKNOWN		UNKNOWN	ΛE	
5. Was Deceased Ever in U. S. Armed Forces? (es,no ar unknown) (III yes, give war or dates of servi	16. SOCIAL SECURITY NO. 212-07-4841		ARY SELZLE,	SAME AS 4D
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION to the storing UNDERLYING CONDITION to the storing UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING	Therisclewspe He	ent Diseau	
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not While At Work	21F. HOW DID INJI	URY OCCUR?	
22. I certify that (X (this haspital) attend that XI) (we) last saw the deceased alive and hour and from the causes stated above	on 8/18	19 66 and the	9 <u>ta 8/1</u> at In 🚧 (aur) api	8/66 19
23A. SIGNATURE	(Me) (800) (did not) vi		Stoll Phys.	23R DATE SIGNED 8/18/66
AA. BURIAL CREMATION, 248. DATE 24	M.D.	CATON AND WI	SPITAL ILKENS AVE	BALTO MD  ty, fown, or county) (Stote)
BURIAL 8-22-66	LOUDON PARK CEME	ETERY BA	LTIMORE,	MARYLAND
SA. DATE REC'D BY HEALTH DEPT. 25B. NA/		HOWARD HE HE	JBBARD, 4107	ADDRESS WILKENS AVENUE



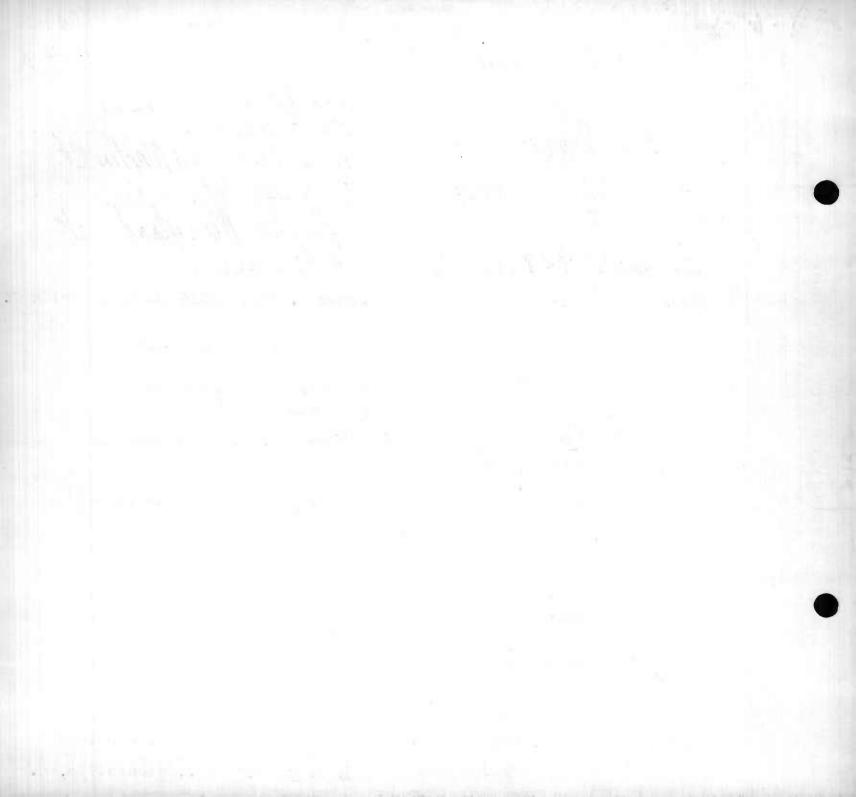
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

FUNERAL

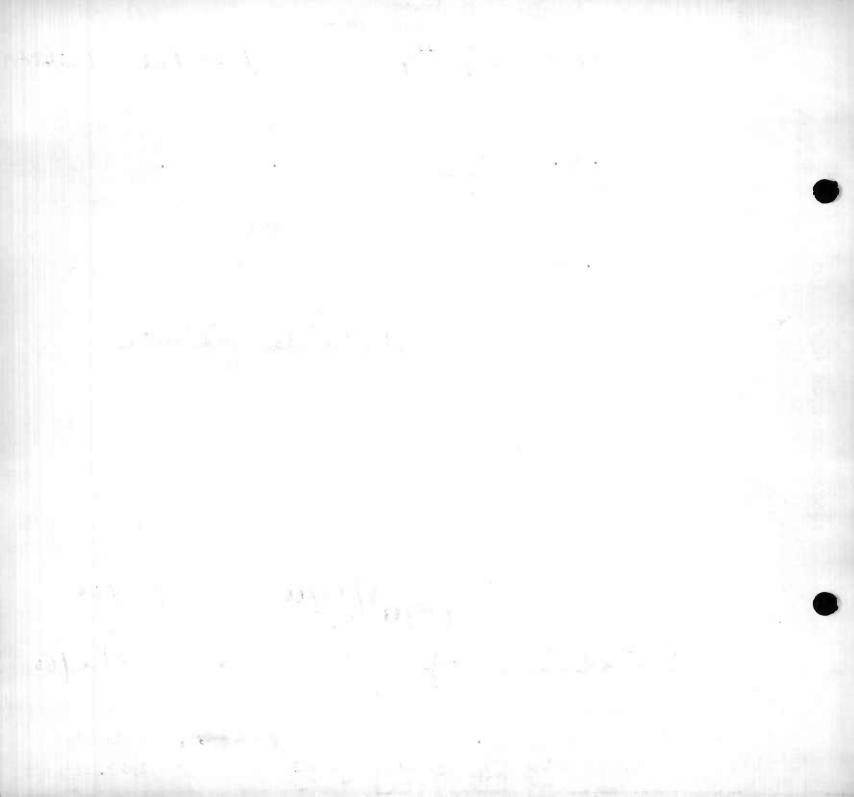


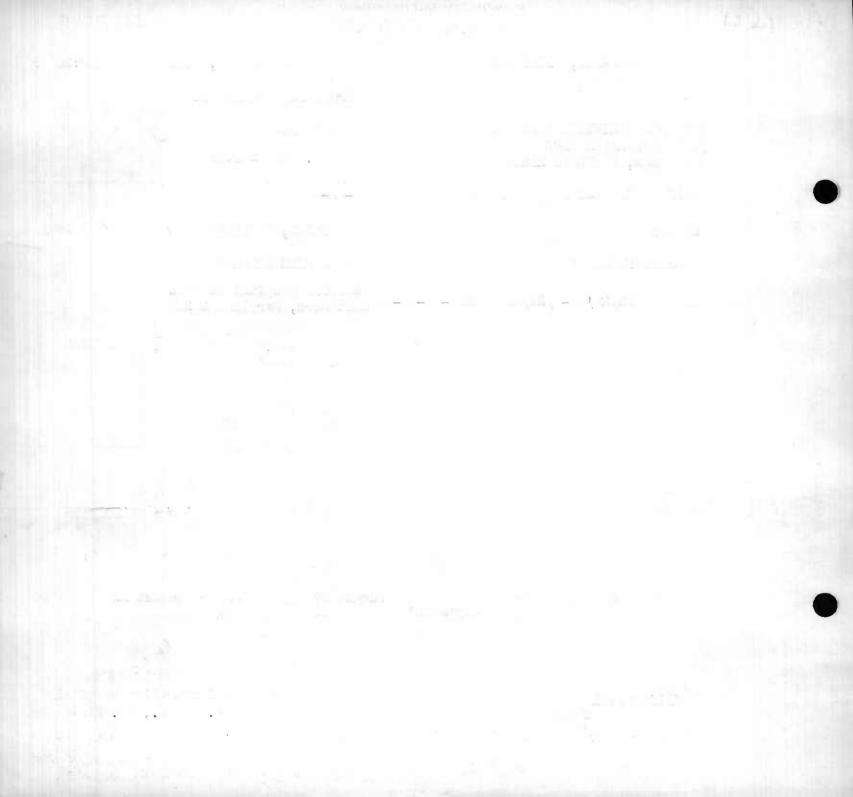
DIRECTOR:

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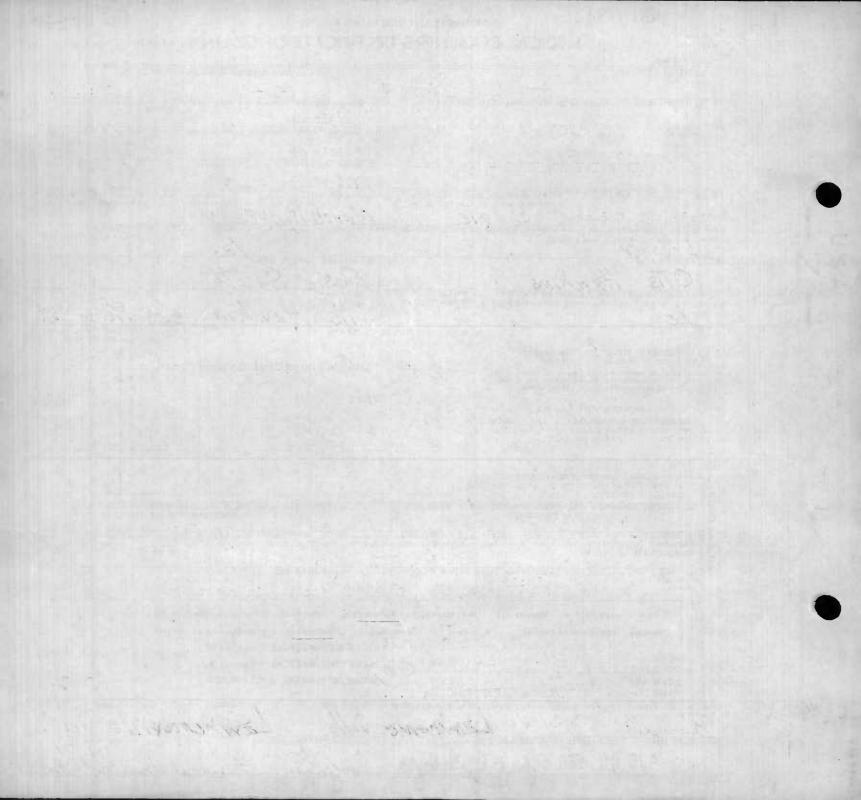
VS 150-REV, 1/1/65

**BALTIMORE CITY HEALTH DEPARTMENT** 





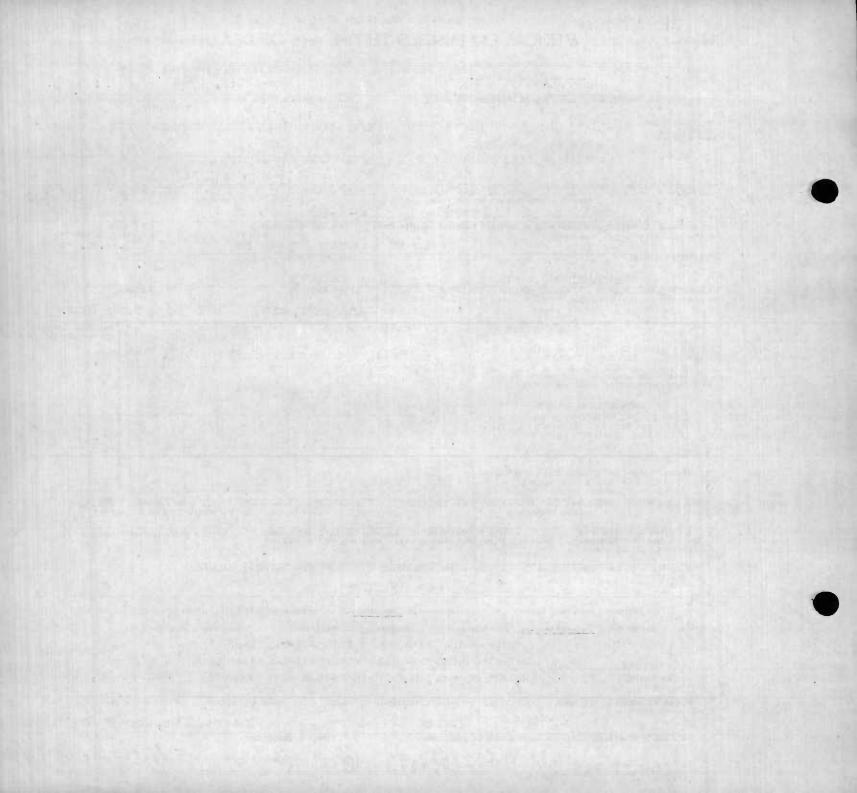
11-	BALTIMORE CITY HEALTH DEPAR	RTMENT 66 08438
1-2	BIRTH NO. MEDICAL EXAMINER'S CERTIFI	CATE OF DEATH Registered No.
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	OTTS - HAWKINS	8-19-66 10:35 P. M.
	Mar	RESIDENCE (Where deceased lived. If institution: residence before admission) yland
20	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY (C. CI	OR TOWN (If outside corporate limits, write RURAL and give township)
39		T ADDRESS (If rurol, give locotion)
10	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE C	Pierce Street  PF BIRTH    9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.
	Male Colored WIDOWED, DIVORCED (specify)  Male Colored Mozi	rch 17, 1948 lost birthdoy Months Doys Hours Min.
	done during most of working life, even if retired)	WHAT COUNTRY?
		ER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORM	SIE SQUIP ADDRESS
	(Yes, no drunknown) (If yes, give wor or dotes of service) SECURITY NO.	& Hawking one Pinne St
	18. CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		of chest with perforation
	heart failure, asthenia, etc. It means the discose. injury or complication which coused death.)  Of heart	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AU WAS PERFORMED	JTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout	
	O UNDERLYING TOR CONTRIB- DUTING CAUSE OF DEATH.  Street	1036 Argyle Avenue
	OF INJURY 10 • 15	21F. HOW DID INJURY OCCUR?
	1 AT WORK X	Stabbed in chest
	I certify that I held on Inquiry Inspection Autopsy X	ond that on this bosis, death in my opinion
		Indestruction   Indestructio
	ACTUAL ACCIONAL ACCIONAL	NT MEDICAL EXAMINER X
	EXAMINER'S ASSOCIA	ATE MEDICAL EXAMINER 8-20-66
	NAME (Type) RUDIGER BREITENEKCER, M.D.	ORY 23D LOCATION (City, town, or county) (Stote)
	Build 8.24.66 BANDIDALO VILLA	e. Paxinencaillo Va
		FUNERAL DIRECTOR ADDRESS
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	VIC 153 PRV 1/2/15	The state of the second





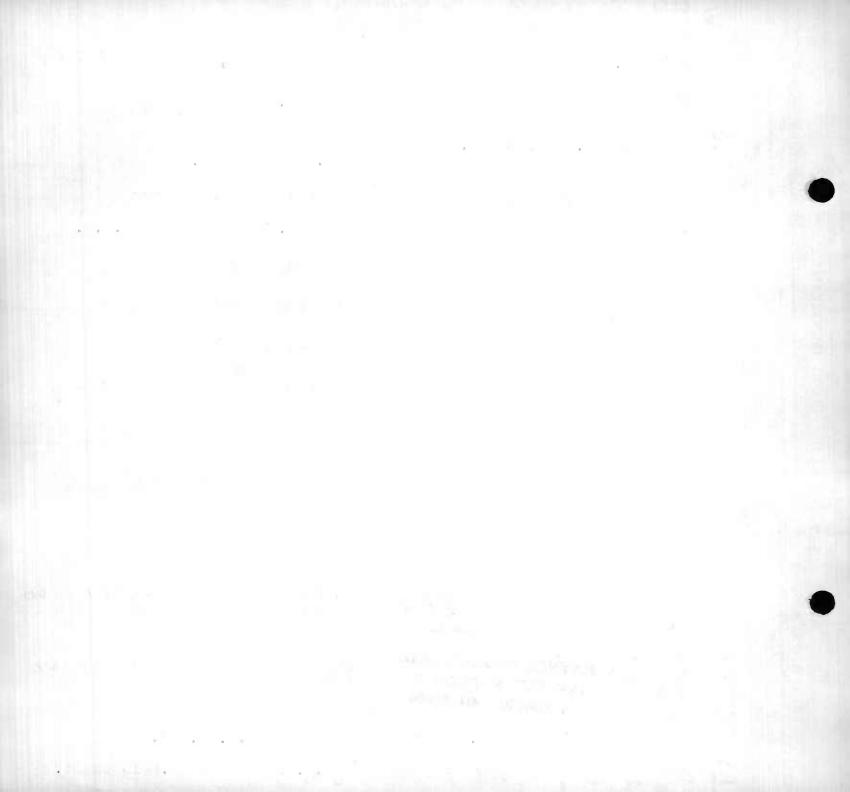
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	BIRTH	NO.	

	pe or Print)	SEDELIA		KEEL	Augu	nd hour pronounce st 19, 1966	5:00 A.
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If insti	itution: residence before admission)
IIH (	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outs	ide corporate limits, write	RURAL and give township)
19		Sinai Hos	pital	DOA	D. STREET ADDRESS (If run 2443 Ke		ne o
5.	Female	Negro	WIDO WED,	NEVER MARRIED DIVORCED (specify) OWED	8. DATE OF BIRTH 2-8-90	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
do	ne during most of w	orking life, even if retired)	TOB. KIND O	F BUSINESS OR INDUST	North Carol	ins	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	Samuel Bo	nnar		Roxey	ME	
		EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Ann Daniels	2516 Edg	address gecomb Ave.
ATION	DISEASES C RISE TO THE UNDERLYIN	NTECENDENT CAUSE OF CONDITIONS, IF A ABOVE CAUSE (A) 51 G CONDITION LAST.  II IFICANT CONDITIONS	NY, GIVING TATING THE	(B)			
FRTIFIC	TO THE DISEASE OR	DEATH BUT NOT REI CONDITION CAUSING OPERATION [198, CON	ATED TO TO	HE	20A, AUTOPSY? (Yes or N		
FDICALC	21 A. EXTERNAL UNDERLYING UTING CAUS	CAUSE WAS OR CONTRIB- E OF DEATH.	21 B,		Yes in or about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore City, give	
2		(Month) (Doy) (Yeor		WHILE AT NOT AT	21F. HOW DID IN	JURY OCCUR?	
				Inspection A	utopsy X ond that on	this basis, deoth In m	



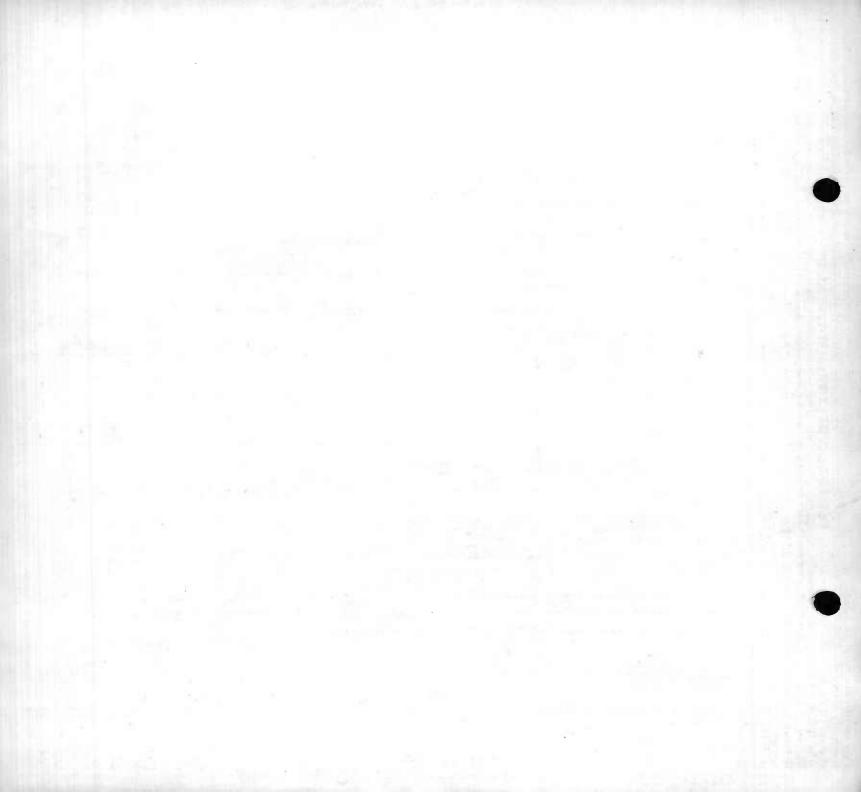
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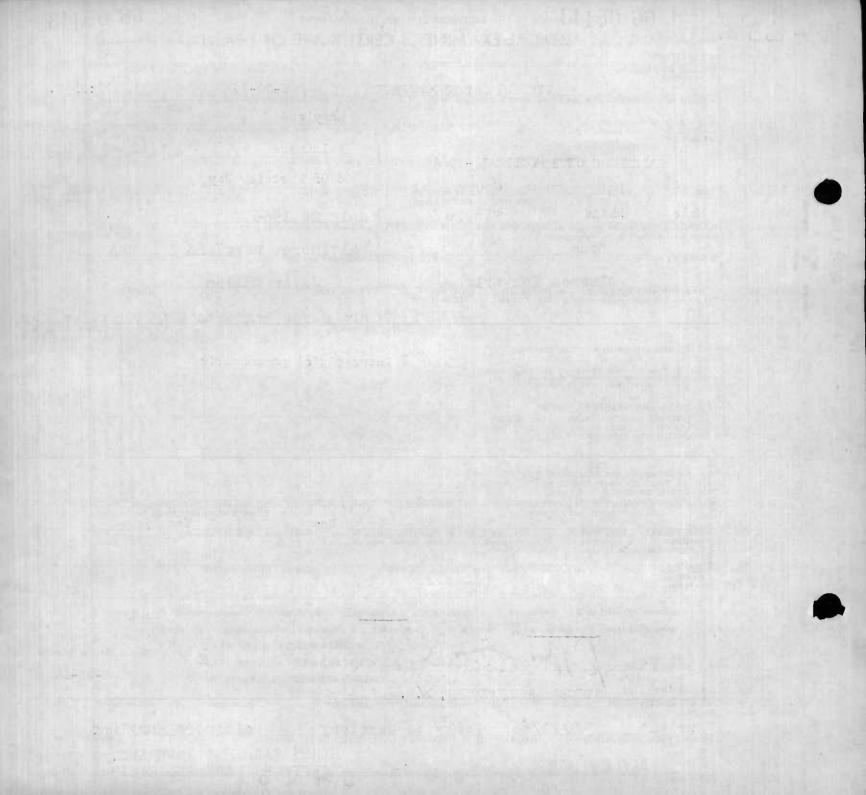


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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and	-	5	0	and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
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	This certificate must be app	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death);	written approval must be
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	GG DOLLO	BALTIMORE CITY	HEALTH DEPARTMENT		66 08442
	TH NO. 66 08442	CERTIFICA	TE OF DEATH	Registered Na.	00 00445
1.1	E CASE NO.  IAME OF DECEASED  pe or Print)	,	2. DATE AN	ID HOUR OF DEATH	1130 1
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	/	4. USUAL RESIDENCE (Who	doceosed fived. If in	stitution: residence before admission)
	FULL NAME OF (II not in hospital or institut	tion, givo stroet	Marelan	P	1911
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN III OU		RURAL and give township)
	University Hax	into		rurol, give location)	
5. 9			321 M.	Tellox	leve
. 2	6. RACE 7. MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
011	Nove		S. Carol	ela	CSA
3.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
5.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
Ye	s, no or unknown) (If yes, give wor or dotos of serv	SECURITY NO.	Keling O	Sound,	
_	18. 4.45 X I	CAUSE OF	DEATH	CZN WILL	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	J.		· Decessor	2 /2
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise		yearly ha	en ozny	
	injury or complication which caused death.)		ENVOLUE		
	ANTECEDENT CAUSES	DUE TO	<del>Miniminina e respons</del> i e <del>respons</del> e a secorra da sea sea sa a a a a		
	DISEASES OR CONDITIONS, if ony, gines to the above cause (A) stating UNDERLYING CONDITION last.		***************************************		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING HE HE TO	211000		1 10 10 10 10 10 10 10 10 10 10 10 10 10
	DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAL	USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminar)	218. PLACE OF INJURY (e.g., in homo, form, loctory, street, off etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
MEDI	21 D. TIME (Month) (Doy) (Yout) (Hout) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	THE RELEASE AND LESS OF THE PARTY OF THE PAR
<	(APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend	1000 10		1966 to all	LJ 15 19 L
	and hour and from the causes stated above			at in (my) (aur) opti	nian death occurred an the date
	23A. SIGNATURE	e. (I) (We) talat (did not) V	lew the body offer death.		23B, DATE SIGNED
	Barrey M. Kay 11	M.D. Atte	mding Med.	Stoff Phys.	8/18/66
	23C, PHYSICIANS NAME (Typer) BARROV 11 ROSE	NBAIN M.D.	3D. ADDRESS	to Haxae	tal
24/	BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. I	OCATION (Ci	ly, lown, or county) (Stote)
	BURIA/ 8-24-66	Bethellen (	em. /-	- CRENCE	South CAROLINI
25A	AUG 22 1966	ME OF REGISTRATION	25C. EUNERAL DIRECTOR	Land 1348	CAlhour St.
1/5	150_PEV 1/1/65	7 0 0 0	1	3	



B. C.		MAN MY ME		A MAINTED'S C			00 00440
	E. CASE NO.	JON , MU. ME	DICALEX	AMINER 3 C	EKTIFICAT	E OF DEATH Regist	rered No.
	NAME OF DE	CEASED				2. DATE AND HOUR PRONOUN	CED DEAD
117	pe or rinin		TIMOTHY L	ance SCHWARTZ	Z	8-20-66	12:35 P. M.
	LL NAME OF	TIMORE, MARYLAND	, WHERE PRONOU		4. USUAL RESIDE A. STATE Maryl:	and B. co	stitution: residence before admission
HO	SPITAL OR	ADDRESS OR LO	DCATION)		Balti		tte RURAL and give township)
	BAI	LTIMORE CIT	Y HOSPITAL	DOA		Fortview Way	
5. 5	Male	6. RACE White	WIDOWED, D	NEVER MARRIED DIVORCED(specify) ngle	July 20	last birthdoyl	Months Doys Hours Min.
10A	USUAL OCC		work TOB. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
12	EATHER'S NA	None			Baltimo	re, Maryland	USA
13.	FATHER'S NAM	VI E			14. MOTHER'S MA	IDEN NAME	
		ED EVER IN U.S. ARA		16. SO CIAL	JO 17. INFORMANT	yce Cullen	ADDRESS
	NO	(If yes, give wor or	doles of service/	SECURITY NO.	Mmg Ton	an Colombia (C	
	18.			NONE	OF DEATH	ce Schwartz 62	205 Fortview Wa:
L CERTIFICATION	OTHER SIG TO THE DISEASE CO.	WAS	ATH  of dying e.g., zons the diseose, led deoth.)  USES  F ANY, GIVING  STATING THE  ST.  ONS CONTRIBUTIN  RELATED TO THE  SING IT.  CONDITION FOR V  PERFORMED	(B)	20A. AUTOPSY? Yes	1 pneumonitis  (Yes or No) 20B, IF YES, WERE IN CERTIFYING CAI	USES OF DEATH?
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or about 21 C. W (fice bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exact location)
2	OF INJURY (APPROX.)	(Month) (Doy) (		CHILE AT NOT	WHILE	W DID INJURY OCCUR?	
		tify that I held an				that on this basis, death in	
	resu	Ited fram: Natural	couses A	ccident			ner
	ACTUA		Sulli	water "		DICAL EXAMINER X	DATE SIGNED
	EXAMII NAME (	NER'S	R BREITEN			EDICAL EXAMINER	8-21-66
	MOVAL (Specif	MATION, 238 DATE		NAME OF CEMETERY	CREMATORY	23D. LOCATION (Cit	ly, town, or county) (Stote)
	Burial		22/66	Parkwood Ce	emeterv	Baltimore	Maryland
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDRESS
		AHR 22 108	600 0	CTO		RY SANDER & SON	
		100 00 100		2 12314	- AHALI	TMORE MARYLANI	71713



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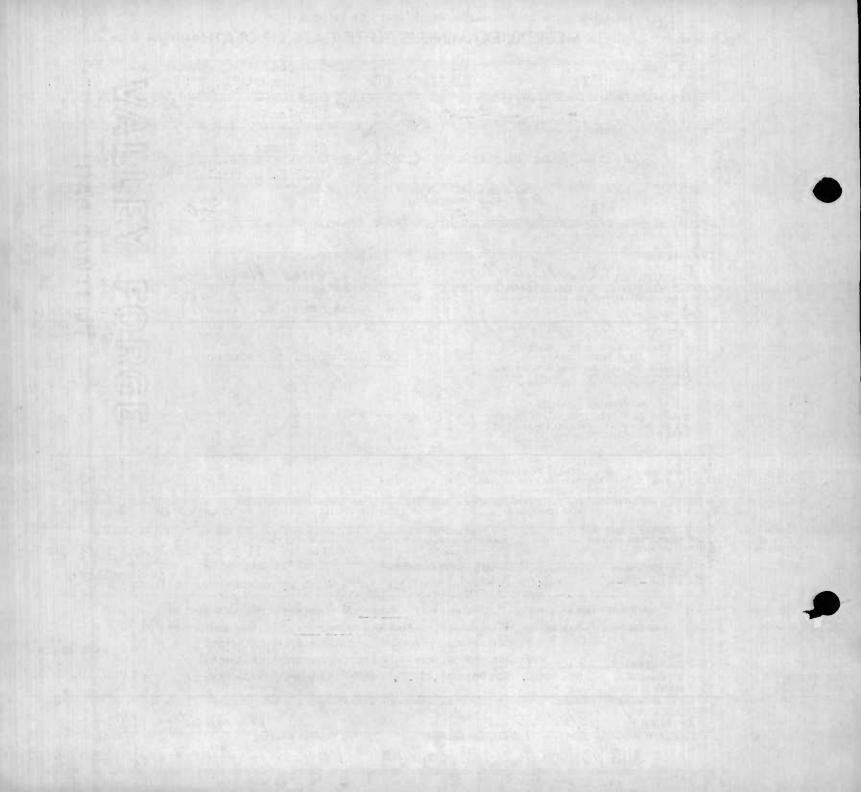
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928 E. North

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. . NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) RICHARD -IR 4:34 P. RAWLINGS August 18, 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COLINTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore John Hopkins Hospital (DOA) D. STREET ADDRESS (II rurol, give location) 1037 N. Central Avenue 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. 6. RACE 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH WIDO WED, DIVORCED (specify) Male Negro SCP 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Hemicks ADDRESS 16. SOCIAL (Yes, no or unknown). (If yes, give wor or dates of service) SECURITY NO. awlings 3800 Park Hats 10 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of abdomen (This doos not meon the mode of dying, e.g., hoort foilure, osthonio, etc. It means the disease, injury or complication which coused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, locatory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. MEDI Alley Rear of alley at 729 Aisquith Street 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) (Hour) Found in alley, OF INJURY 8-18-66 4:09 P. NOT WHILE X Shot by unknown assailant WHILE AT I certify that I held on Inquiry Inspection Autopsy X ond that on this bosis, death in my opinian Homicide K resulted from: Notural couses Suicide Undetermined monner Accident \_\_ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE August 19, 1966 ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. EXAMINER'S NAME (Type) 23A, BURIAL CREMATION. 23D. LOCATION 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify)

24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR



23C. NAME of CEMETERY OF CREMATORY

Baltimore Nat'l, Cem.

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

SIGNATURE

EXAMINER'S

23A. BURIAL CREMATION, 23B. DATE

24A. DATE REC'D BY HEALTH DEPT.

Charles S. Springate, M.D.

248 NAME OF REGISTRAR

CHIEF MEDICAL EXAMINER

23D. LOCATION

Balto., Md.

Kelson 1348

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

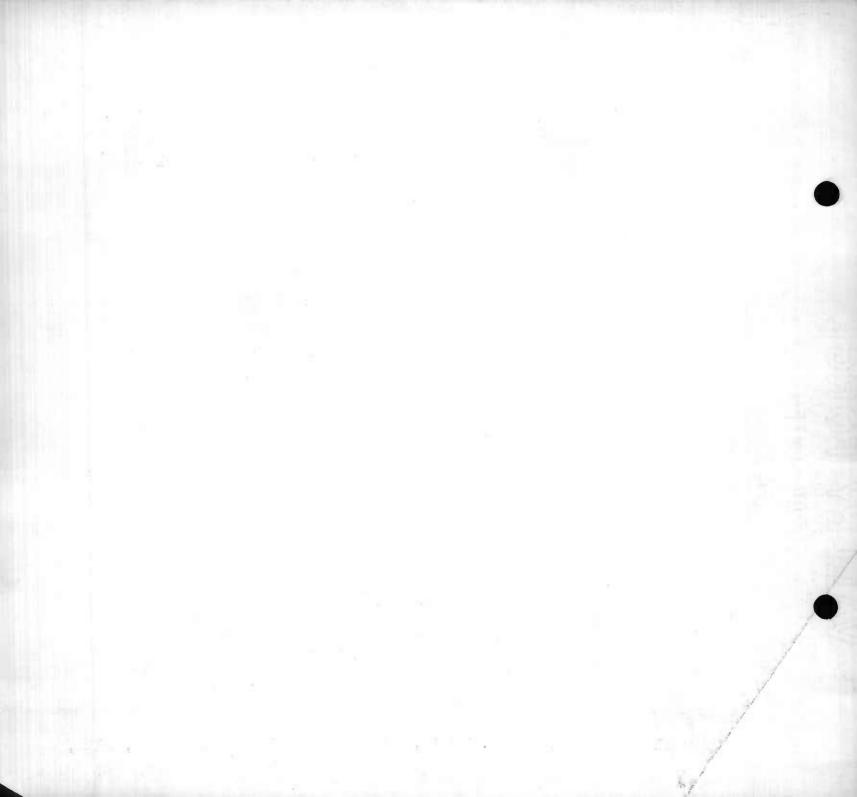
DATE SIGNED

(State)

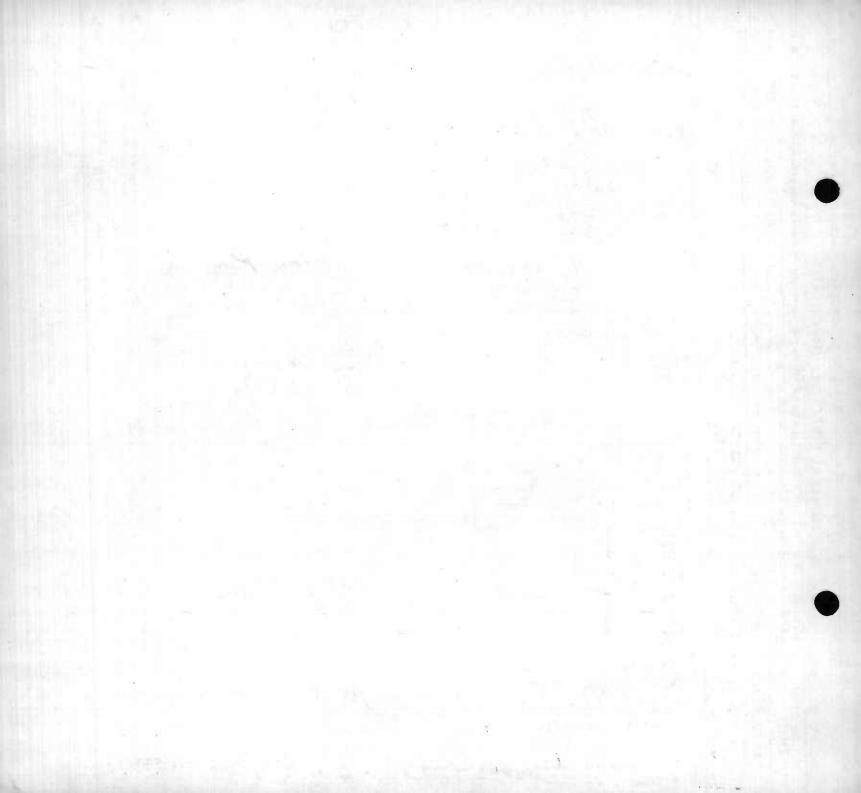
8-19-66

(City, town, or county)

- 1. Certified statement from Clerk of Circuit Court of Balto. City and Circuit Court No.2 of Baltimore City, respectively that their court records do not show any divorce or application for divorce for James A. Powell and Mary ouise Powell. Statements dated Sept.1,1966.
- 2. Certified copy of marriage certificate of James A. Powell and Mary L. Wallace-date of marriage Dec. 31, 1952 in Baltimore City-Folio 468, Docket 1952



MA		66 08447  BALTIMORE CITY HEALTH DEPARTMENT  66 08447
MA)	-24.61	BIRTH NO. CERTIFICATE OF DEATH Registered No. 00 US44/
	and eath ased the the	I, NAME OF DECEASED 2, DATE AND HOUR ON DEATH
	pital and of death Deceased e on the ath. Such	Type or PHAC/ 61 AN WILEY DONAL SUP 62 1/103 A M
	the e	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceases lived, If institution: residence before admission)
	2 0 0	A. STATE B. COUNTY DATE
		FULL NAME OF (If not in hospital or institution, give sheet oddless or location)  C. CITY OF TOWN (If outside city limits, write RURAL and give township)
	cau cau tend	MARYLAND GENRICAL VEISTERS TOWN SOOD
	in in addition in	D. STREET ADDRESS (If iuiol, give location)
	D.= L .	HOSPITAL BA 208 R+#1-DOVEREND
	ined ined ular ular	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yi.   If Under 24 His.   Months; Doys Hours; Min.
	ontri ontri ermi regu	M W MACHIEN 1/30/32 34
	red resignation	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	de in de	done during most of working life, even if retired)  CONTRACTOR  SAMR  MARYLAND  WHAT COUNTRY?
	D S S	13. FATHERS NAME 14. MOTHERS MAIDEN NAME
100	if creet (4) (4) (4) the the spoon	Ryssel Miciecian IRENE RINSOR
2	E = 1. E = B	15. Was Deceased Even in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	ind ind eat	(Yes, no of unknown)(If yes, give was as dates of service)   SECURITY NO.
MPORTAN	Ssis A A fin	NO - L.O. OLSEN MD. Md GRUNHON
0	if if	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
3	So, of of or ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	A P D E	(This does not meon the mode of dying, e.g.,  DUE TO
ä	er.	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)
ō	שב פחיי	ANTECEDENT CAUSES (B) Depris of ande lemined
CTOR:	A fr	DISEASES OR CONDITIONS, if any, giving
RE	3) X	rise to the above cause (A) stating the (C)
5	ins ins	UNDERLYING CONDITION last.
	dicalica rns rns sic wa	OTHER SIGNIFICANT CONTRIBUTING
₹	medical herical herical herical physician was breading an was breading to the herical	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNER	# E > 0.00	USEASE OF CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED,
Z	Bod Bod the	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in o) obout 21 C. WHERE DID  (If in Boltimore City, give exect locotion)
5	tal by b; (2) B here t do phy before	As controllers and a second of the second of
2019	the col	DEATH (notify medical examiner)   locally, sheet, office blags, INJURY OCCUR?
	0.0 - 3 - 4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosi natu cept d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) White At Work At Work
	ov nd nd	WORK AI WORK A - 11 A . L
	thus bo	
	of of all (h);	that (I) (we) last saw the deceased alive an
	bed ed or to st	and hour and fram the causes stated abave. (1) (12) (dld) (dl) (view the bady after death.
	must be eleased ccident i hospit to deat al must	23A_STONATURE  M.D. Attending Med. Stoff 1
	A	Phys. Director Phys. S
	was r An at prior	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	y was relly was rell.  An acc. A. at a deprior to approval	LOUIS O. OLSEN M.D. /NO. OET 2 /TOSP.
	certificat body was rs: (1) An D.O.A. ai ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stole)  REMOVAL (Specify) 8/20/1966 Dulaney Velley Memorial Carden Cockeyeville, Md
	Cert Soody Vs: ( D.O D.O ten	butancy variety Monortal dardon bookey sville, M.
	This cert the body shows: (' was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	± ± 4 ≥ 9 ≥	AUG 22 1966 P. C. Seitz 5209 York Rd 21212
		MA 140 Day 1/1/About

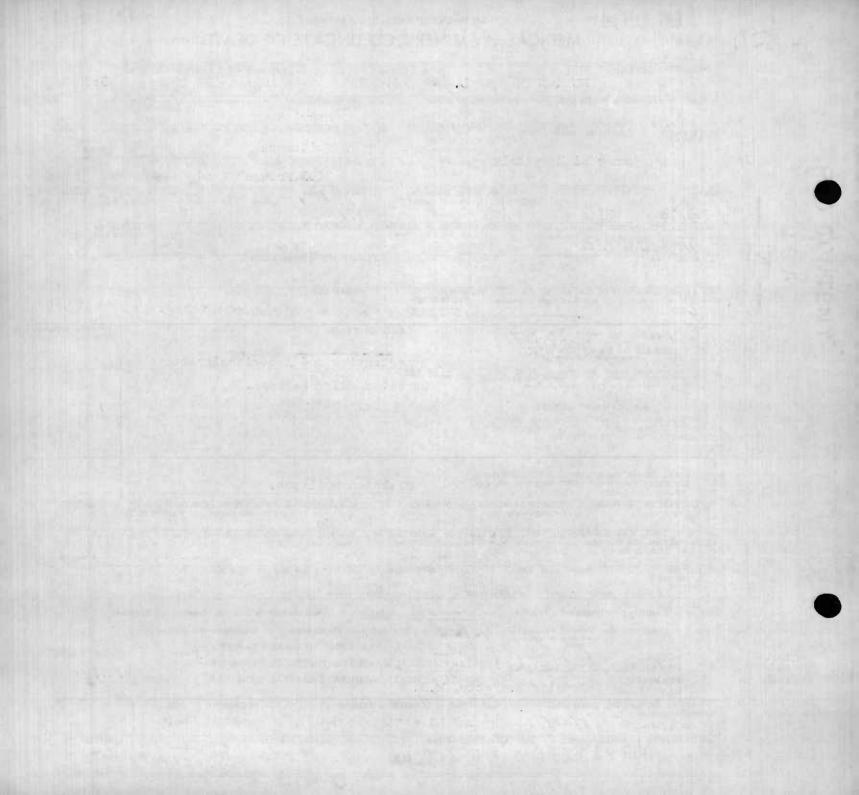


66	08448		BALTIMORE CITY	HEALTH DEPARTM	ENT		66 084
TH NO.	MED	ICAL E	XAMINER'S	S CERTIFICA	ATE OF D	EATH Registe	red Na
E. CASE NO.							
Pe or Print)	CEASED ELIZA	BETH	L.	MATHIAS		st 17, 1966	
LL NAME OF SPITAL OR INTUTION	(IF NOT IN HOSPI ADDRESS OR LOC Memorial Ho	TAL OR INSTIT CATION)	PUNCED DEAD	T A. STATE MA  C. CITY OF T  Ba  D. STREET AE	ryland	8. COU	RURAL and give townshi
emale	6. RACE White	WIDO WED,	DIVORCED (specify)	8. DATE OF 81	105	9. AGE (In years lost birthday) 61	If Under 1 Yr. If Under Months Doys Hours
	UPATION (Give kind of we		F BUSINESS OR INC	USTRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN OF

HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township)
INSTITUTION			Baltimore	/	3-05
Union	n Memorial Hos	spital	D. STREET ADDRESS (If rurol,	, give location)	
			3163 Keswi	ck Road	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
Female	White	WIDOWED, DIVORCED(specify)	4/3/05	61	Months Doys Hours Min
IOA. USUAL OC	CUPATION (Give kind of wor	KIOB KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig		12. CITIZEN OF
done during most of	of working life, even if retired)		MO.		WHAT COUNTRY?
13. FATHER'S NA			14. MOTHER'S MAIDEN NAM	Æ	
	?		6	)	
15. WAS DECEA	SED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknow	vn) (If yes, give wor or dote		NORMANRIA	1ATHIA53163	KERWICITED
		216-32-3635		17111102103	
18.	13 x + 26	CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DE				
(This does	LEADING TO DEATH s not mean the mode of	(A) DYDELL	ensive and Arter	iosclerotic	
heort foilu	re, osthenio, etc. It meons		vascular Disease		
DISEASES	ANTECENDENT CAUSI S OR CONDITIONS, IF A	(8)	***************************************		·····
RISE TO T	THE ABOVE CAUSE (A) S	TATING THE			
	TING CONDITION LAST.	(C)	***************************************		
5	11				
OTHER SI	GNIFICANT CONDITIONS				
10 1116	DEATH BUT NOT RE		etes Mellitus.		
TIPA. DATE	OF OPERATION 198. CON	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	
0			No		
	IAL CAUSE WAS	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID	(If in Boltimore City, giv	re exoct location)
<u>—</u>	USE OF DEATH.	etc.)			
21D TIME	(Month) (Doy) (Yeo	TO (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		m. WHILE AT NOT AT W	WHILE		
22.					
1 ce	ertify that I held an I	Inquiry Inspection X Au	tapsy and that an th	is basis, death In m	y apinian
res	ulted fram: Natural ca	uses Accident Suicld	le Hamicide	Undetermined manne	or
	0/		CHIEF MEDICAL EX	KAMINER	DATE SIGNED
SIGNA	TURE (	arles / John M.D.	ASSISTANT MEDICAL EX	KAMINER 🗵	
	INED'S	V	ASSOCIATE MEDICAL E		8/17/66
	N. P.	es S. Petty, M.D.			
23A, BURIAL CI REMOVAL (Spec		23C. NAME OF CEMETERY			town, or county) (State)
BURIA	deal	66 LORRAINE	PAIRK	BALTOIMA	
24A. DATE REC'	D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	10161	ADDRESS
	AUG 22 1966	Poly & E. Farley MA	Bul E. Chan	over 3/17	chestins two
		Control of the state of the	1	10.1	

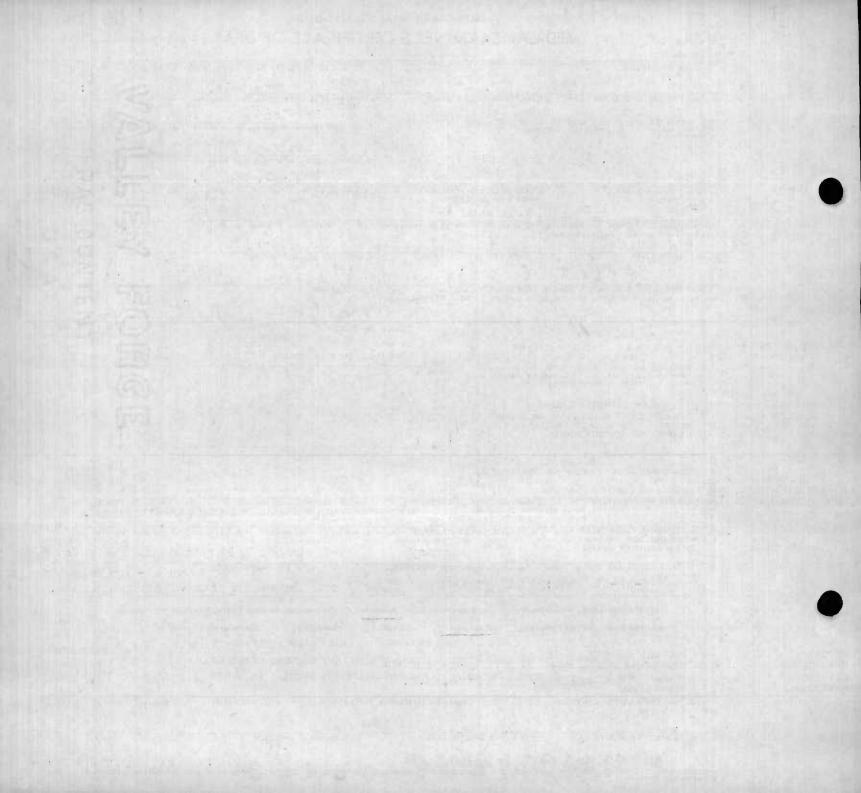
AUG 22 1966 Robert E. Farleyna

VS 151-REV. 1/1/65



MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regis	tores
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BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.
1. NAME OF DECEASED (Type or Print)  THOMAS  DENNY DENNY DENNY August 18, 1966   2:00 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)
St. Agnes Hospital Pasadena D. STREET ADDRESS (If rurol, give locofian)
Route 5, Box 86, Sunset Knoll Road
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors lost birthdoy)   Months   Doys   Hours   Min.    Male   White   Married   7. Married   1. Married   1. Married   1. Min.   Months   Doys   Hours   Min.    Min.   Mi
done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY!  12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Ellet O Denny Liguria L- White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Barbara Mills Dennie
IB. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple severe injuries
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
Yes Yes
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- land, form, foctory, street, office bldg. INJURY OCCUR?  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact lacotion) hame, form, foctory, street, office bldg. INJURY OCCUR?  Route 695 & Maryland State Highway #3
21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Cycle - Cycle collision
(APPROX.) 8-18-66 12:50 & WHILE AT NOT WHILE X and thrown in path of oncoming auto.
resulted from: Natural causes Accident X Suicide Hamloide Undetermined monner
CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MALD. ASSISTANT MEDICAL EXAMINERX
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 19, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town or county) (State)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65 \ 8 (9)

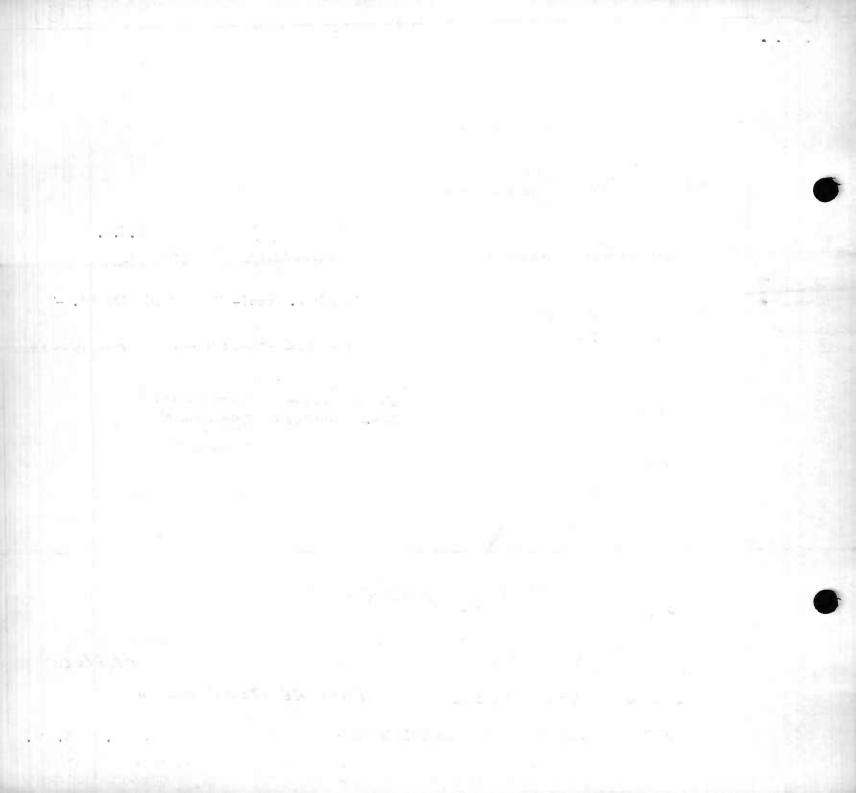


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DIRECTOR:

FUNERAL

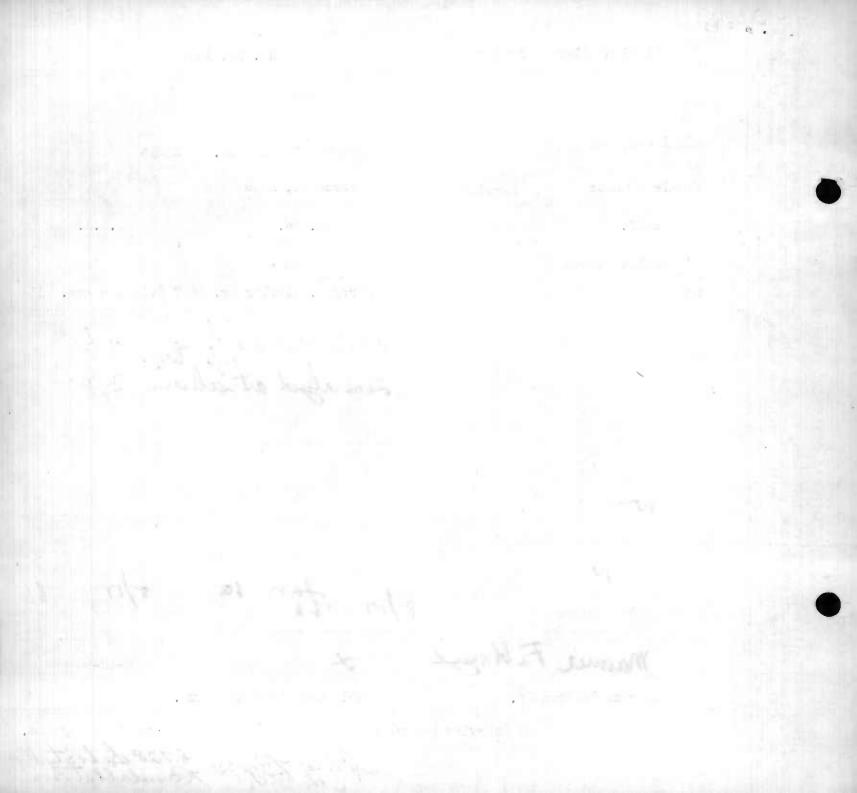
BALTIMORE CITY HEALTH DEPARTMENT

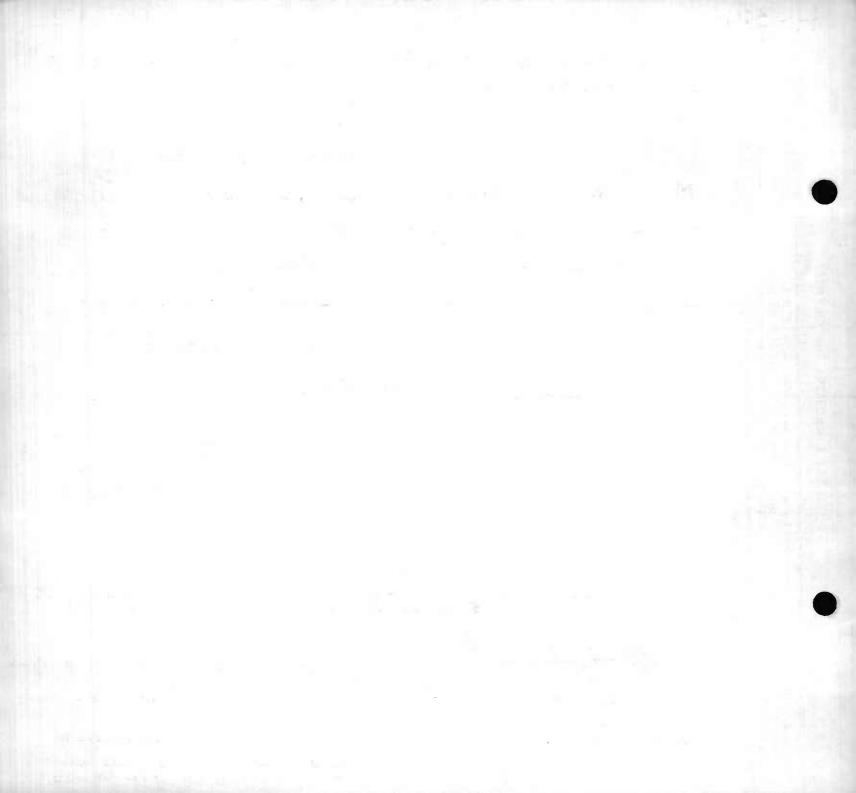


BALTIMORE CITY HEALTH DEPARTMENT 66 08451 Registered Na. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type of Print) Lillian Mildred Giesler 2. DATE AND HOUR OF DEATH Aug. 17, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland (If not in hospital at institution, give street oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 6607 Brighton Ave. 21215 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yi. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) March 25, 1906 birthdogh Married 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balte. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Harry W. Giesler Sr. 6607 Brighton Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in all about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While I At Work Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in(my) (aur) opinion death occurred on the dote and hour and from the couses stated abave. (I) (We) (dld) (did nat) view the bady after death. 23 B. DATE SIGNED Attending Med. 8-18-66 23D. ADDRESS 6610 Cress Country Blud. Maurice Feldman Jr. M.D. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Lakeview Memorial Eldersberg Carroll County Md.

258. NAME OF BEGISTRAR

25C FUNERAL DIRECTOR

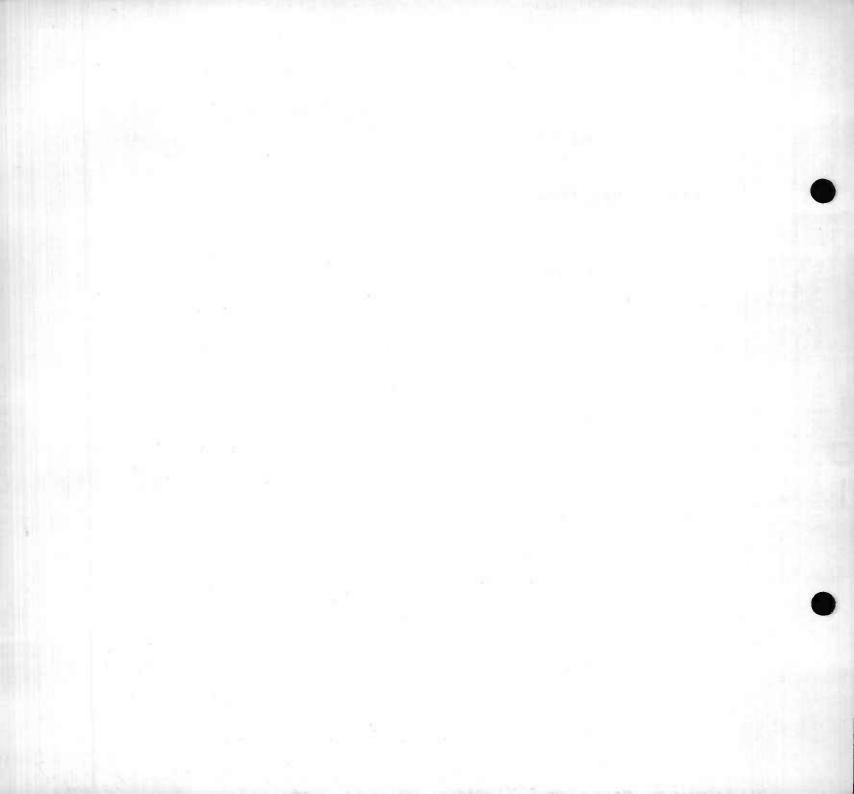




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DIRECTOR:

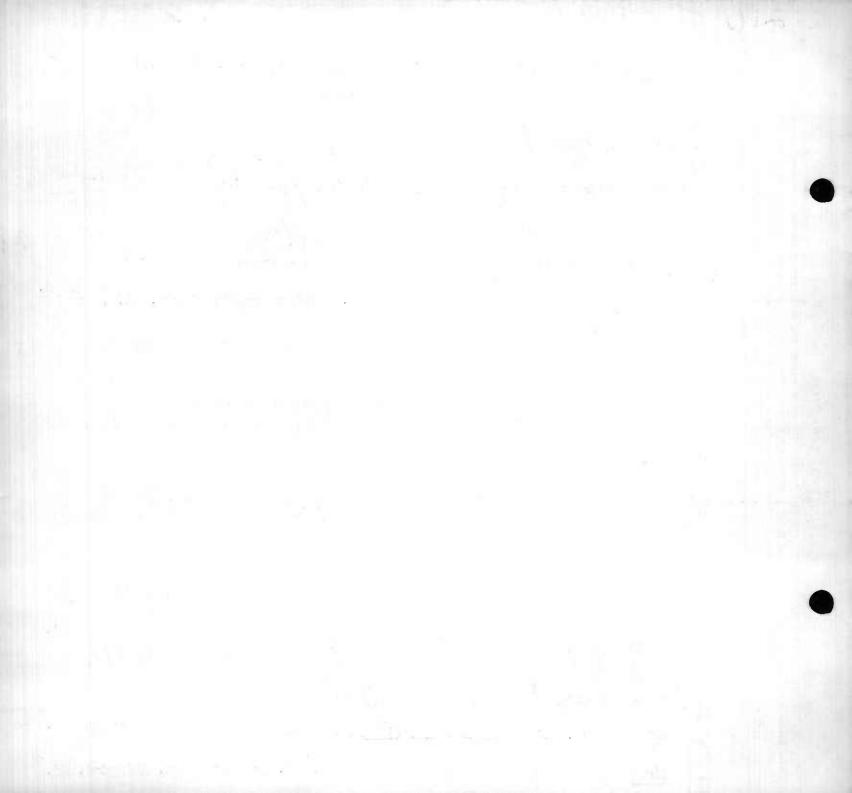
FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL



	66 00	BALTIMORE CITY	Y HEALTH DEPARTMENT		66 08455		
BIRTH NO.	66 08455	CERTIFICA	TE OF DEATH	Registered No	, 00 0043.)		
M.E. CASE NO.			2. DATE	AND HOUR OF DEAT	Н		
(Type or Print)	ACMEC HITTA DEN	NTE		Annual 17	3066		
2 DIACE OF C	AGNES JULIA REN	MTE	TA HELIAL RESIDENCE ()	August 17,	institution: residence before admission		
FULL NAME HOSPITAL O	OF (If not in hospital or institution, R oddress or location)	give street	Maryland	DUNTY	e RURAL and give township)		
1	112 Wyndcrest Ave		Baltimore				
0	Baltimore, Md. 21		D. STREET ADDRESS (If rurol, give location)				
	Date Chaptes 134 Ex	220	19 E. Eage	r St.			
5. SEX Female	WIDOW	O, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH  Feb. 8, 1901	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most	CUPATION (Give kind of work 10 B. KIND Cof working life, even if retired)	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
	Milliner-Dressmaker			Baltimore, Maryland U.S.			
13. FATHER'S N	AME		14. MOTHER'S MAIDEN	NAME			
Bec	rge M. Abendschoen		Barbara	Stang			
15. Wos Deceos (Yes, no or unkno	ed Ever in U. S. Armed Forces? wn)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No		213-10-7578	Leo G. Abends	choen - 112	Wyndcrest Ave.		
18. /5	3.3 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) He	morrhage, card	iac failure	One week		
heart failur	not mean the made at dying, e.g e, asthenio, etc. It meons the disease omplication which coused deoth.)	DUE TO					
	ANTECEDENT CAUSES	(D)	rcinoma of sig		ith 2 years		
DISEASES	OR CONDITIONS if any giving	DUE TOME	tastasis to li	ver			

DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) Hemorrhage, cardiac failure	One week
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death,)	DUE TO	2 years
ANTECEDENT CAUSES	Carcinoma of sigmoid colon with	z years
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

CERTIFICATIO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

Feb. 9. 1966 Th al obstruction No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) No 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not While (APPROX.) Al Work

22. I certify that (I) (this hospital) attended the deceased from Feb. 5, 1966 19 to Aug. 17, that (1) (we) last saw the deceased alive an August 6, 1966 19 and that in (my) (our) apinian death occurred an the date

and haur and fram the couses-stated abave. (1) (We) (did) (did nat) view the body after death,

23B. DATE SIGNED Attending Phys. Med. Director Stoff Aug. 18, 1966 23D. ADDRESS

Daniel J. Pessagno

Medical Arts Building, Paltimore, Md.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Ritchie Hgwy., A. A. Co., Md. Holy Cross Cemetery Aug.20,1966

AUG 22 1966 George: J. Gonce-4001 Ritchie Hgwy., Baltimore

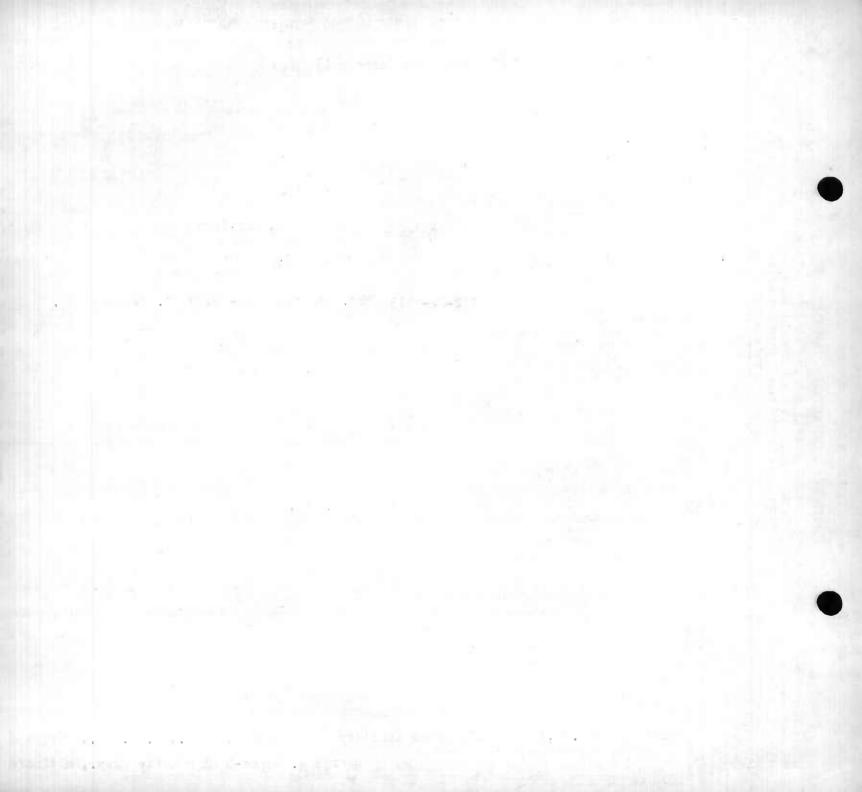
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MEDICAL

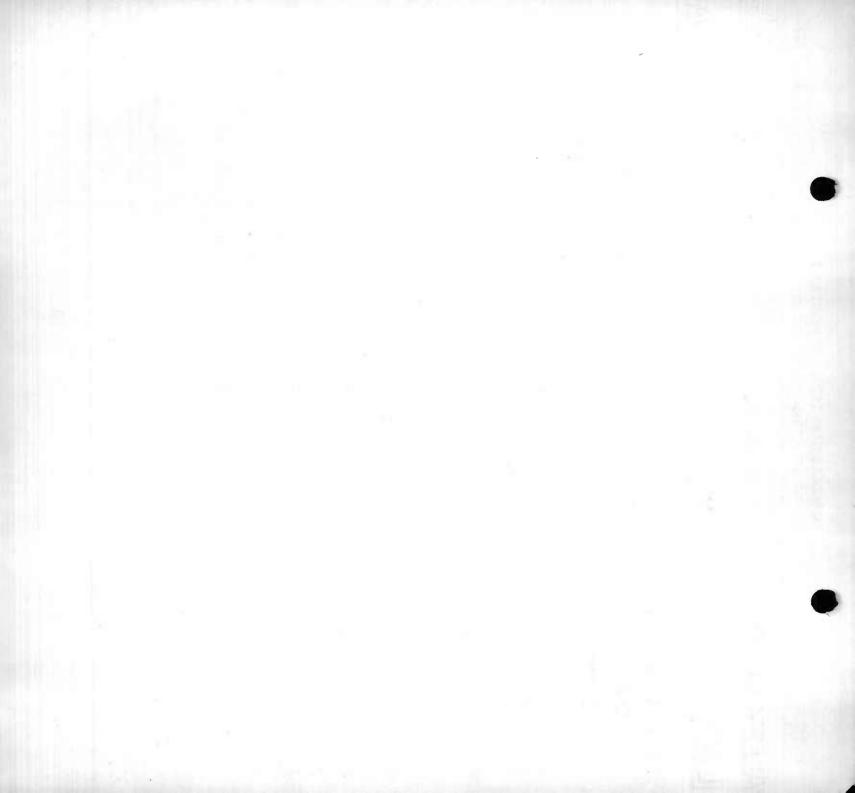


MARKET DE LOGIC ENTRE LA TRES EN LES

	66 08	2450	BALTIMORE CITY	HEALTH DEPAR	TMENT	/	66 08456
IRTH NO.	00-00	0406	CERTIFICA	TE OF DE	ATH	Registered No	
A.E. CASE NO. NAME OF DEC	CEASED				2. DATE AND	HOUR OF DEAT	н
Type or Print)	DRPANS	KT. MOR	4 (Mary Anna Ca	menaki)	8/12	166	1/205 PM
PLACE OF DE	ATH IN BALTIMO	RE, MARYLAND	J (Harry Rillia Ca.	4. USUAL RESID	ENCE (Where	deceased fived. It	institution: residence before admission)
CIII	NF 415 1 !-	to a start on the administra		A, SIATE	b. COUNT		11/1
HOSPITAL OR		hospitol or institution to cotion)	n, give street	C. CITY OR TOV	VN III outs	de city limits, write	e RURAL and give township)
INSTITUTION				COLEN	, 6		152-110
LIMIUER	esity He	DSPITAL		D. STREET ADDI		rol, give location)	
0170	3			PLI	Bex:	283	
SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRT		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F	CAUCA	SCAN WIDOV	POWIZD (specify)	9/17/	12	53	Months Doys Hours Min.
	UPATION (Give kin working life, even if	retired) # 4 A A	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	working the, even is	CARDO		Baltin	nore, Ma	ryland	1150
FATHER'S NA	ME	CARCOC	OTTICE TRUITED IS	14. MOTHER'S M			4,27,
JOSEP	H LRV	NOOSKI		RVA	DEMI	ARTIN	
. Was Deceased	Ever in U. S. Ar	med Forces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
NO	init yes, give wo	r or dotes of servic		Mag Teor	and Ola	271.0 9	+ Margaret Ct
			212-28-8513	E DEATH			t. Margaret St.
18.4	7 11		(A) PULL	MONARY	EMBOLD	5	I MOUN ONSET AND DEATH
DISEA	SE OR CONDITI		000	12 0000 16	llenor	GANLOR	3 WEEK
(This does		node of dying, e	G. CIU	BESTIVE	HEAK	THRUKE	JOREAN
heort foilure,	osthenio, etc. It	meons the diseo	se,	ETIOLOGY	UNKN	own	
	mplication which		(8)				
	ANTECEDENT C	LAUSES	DUE TO				
		IS, if ony, givi se (A) stoting l					
	G CONDITION		(0)				
	Ш						
OTHER SIGN	IFICANT CONDIT	HONS CONTRIBUT	TING				
TO THE D	CONDITION CA	T RELATED TO	THE			Maria de la companya della companya	
		98. CONDITION FO	R WHICH OPERATION	20 A. AUTOPS	(? IYes or No)	208. IF YES, WEL	E FINDINGS CONSIDERED
19A. DATE OF		AS PERFORMED		NO		III CERIFIIIIO	AUSES OF DEATH:
1 21 A. ACCIDE	NT WAS UNDER	LYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WI	HERE DID	(If in Boltim	nore City, give exoct locotion)
DEATH Inotify	UTING CAUSE  medical examine		etc.)	mice blogs, 1143 O KI	P .		
21 D. TIME	(Month) (Doy)	(Yeor) [Hour)	21E INJURY OCCURRED	21 F. HC	W DID INJU	RY OCCUR?	
OF INJURY			White At Not White				
(APPROX)			Work At Work				
22. I certify	that (1) (this )	naspitel) attende	d the deceased fram	8/16	19	66 10	0/17 19.66
that (I) (we	last saw the	deceased alive a	n 8/17	19 66	and tha	t in (my) dour o	pinian death accurred an the dat
and hour an	d from the cour	ses stated above	. (I) (We) (did) (He lar)				
23A. SIGNAT		71 + .	The state of the s	Trown Title Oddy di			23 B. DATE SIGNED
V	-40	William.	M.D. Att	ending M	led.	Stoff TV	(0/-
22.5 811151	VIII.	Dugai	Phy		irector	Stoff Phys. X	10/11
NAME Y	Type)			23D. ADDRESS	000-	11-0	-11 0. 111
KL	IRT P	DLIGAR	M.D.	UNIVE	EKSITY	1 4-105PI	THE DALTO, MIS.
REMOVAL		DATE 240	NAME OF CEMETERY OF CR	EMATORY	24D. LO	CATION	City, town, or county)   Stole)
Buris		20,1966	Holy Cross Cam	atem	D4 4-1	hia U	A A Co Manual and
A. DATE REC	THERE OF BE		Holy Cross Cem	25C. FUNERA	L DIRECTOR	ure usma.	A. A. Co., Marylan
	00 22 75	100 OF D.	7 E Frelling			and the second second	tchie Hgwy., Baltimor
		and all and	A ! - TO LA CHANGE ! HAS	1 10 91	1.		



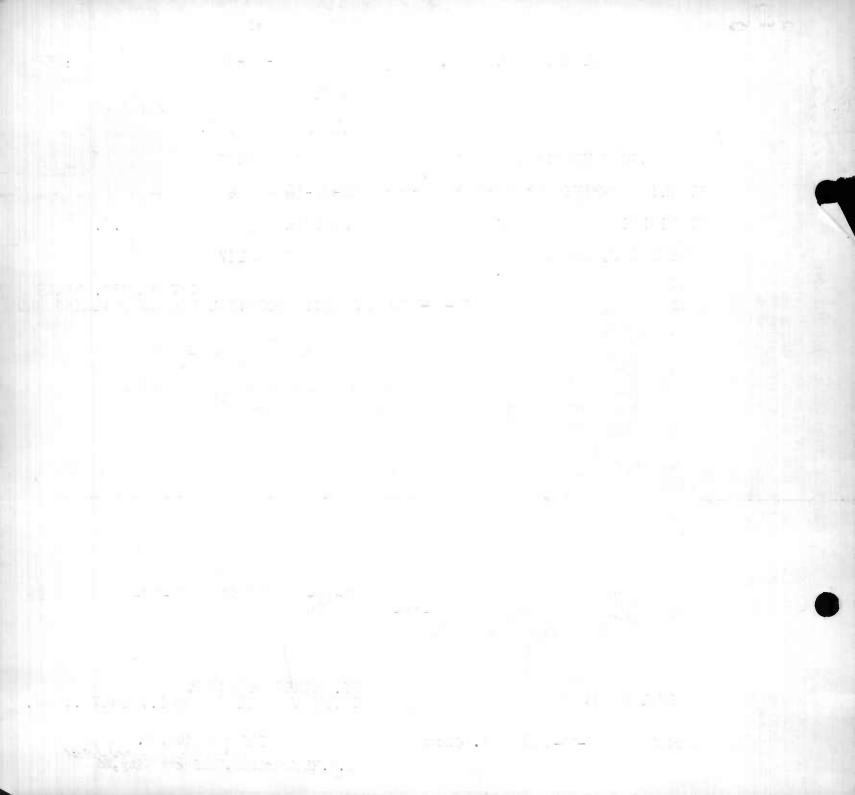
	00 00		BALTIMORE CITY	HEALTH DEPARTMENT		66 08457
IRTH NO.	66 0848	)7	CERTIFICA	TE OF DEATH	Registered Na	00 00407
NAME OF DE	CEASED		02.(11.10)		AND HOUR OF DEAT	<u>u</u>
ype or Print)		V	C 0 \ \ \			-30
PLACE OF D	DANIEL DI		ENNEDY		3-18-66	institution; residence before admission
TEACE OF D	EATH IN PACIFICACI PRAKES			A. STATE B. CO		institution, residence before damissio
FULL NAME		stitution,	give street	md	BALTIMO	NE
HOSPITAL OR	ddress or tocotion)			C. CITY OR TOWN (If	outside city timits, write	RURAL and give township)
	16			BALTIMORE	18	9111
	Marcy Hospital			D. STREET ADDRESS	(If rurol, give location)	
	Baltimore, Md.			548 €.	38 7 57.	
SEX			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
M	(1)		D, DIVORCED (specify)	9-28-96	69	Totalis boys Hours Totals
A. USUAL OC	CUPATION (Give kind of work 10B.					12. CITIZEN OF
	of working life, even il retired)					WHAT COUNTRY?
High En		. Ros	ad Commissions			USA
FATHER'S NA				14. MOTHER'S MAIDEN		
	Ambrose J. Kenr	nedy		Anna MacDons	ld	
Was Decease	ed Ever in U. S. Armed Forces?		1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknov	vn) (If yes, give wor or dates of	service)	SECURITY NO.			
Yes	War 1 & 11		218-26-2147	Pearl E. Kenn	medy (Wife)	Same
1B 5	/ X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECT	LY				
LEADING TO DEATH				ENAL FAILUE	R	5 days
	not meon the mode of dyi					0
	emplication which coused dec			600	Va. a.	
	ANTECEDENT CAUSES		(B)	occlusion of RE	NAL VESSELS	
DISEASES	OR CONDITIONS, if ony,	giving				2
rise la t	he obove couse (A) sto		(c) A	BDOMINAL ANEW	mism (KESEC)	red) i yrs
UNDERLYIN	NG CONDITION lost.					
TO THE	NIFICANT CONDITIONS CON' DEATH BUT NOT RELATED	RIBUTIN	G			
DISEASE OF	R CONDITION CAUSING IT.	10 11				
19A. DATE C	OF OPERATION 198. CONDITION	ON FOR	WHICH OPERATION		No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
8-14	-66		DOM. ANEURISM	YES	N	0
	ENT WAS UNDERLYING BUTING CAUSE OF	216	PLACE OF INJURY le.g., in	ffice bldg., INJURY OCCUR	(If in Boltim	ore City, give exact location)
DEATH (noti	fy medical examiner	etc		ince bing, INJORI OCCOR		
21 D. TIME	(Month) (Doy) (Year) (H	our) 21 E	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OI MISOR!	trading they, tredit th		nite At Not While		INJURY OCCUR:	
(APPROX)		We				
22. I certif	y that (+) (this haspital) at	tended t	the deceased fram	7-27-66	19 66 ta	8-18 1966
1975	a) last saw the deceased a		8-18	19 66 and		pinian death accurred an the do
						pinion death accurred an the ac
	nd fram the causes stated	abave. (	I) (Ma) (did) (did-net) v	riew the bady after deat	h.	
23A. SIGNAT	TURE	044				23B. DATE SIGNED
I W	Illiam d.	Was	Lun M.D. Atte	ending Med. S. Director	Stoff Phys.	8-18-66
23 C. PHYSICI	IAN'S			23D. ADDRESS		0 -
NAME	1	ΛΛ.	40. 1 M.D.	10.4.60		
V BURIAL OF	VILLIAM I.		1301	MERC		
A. BURIAL CR REMOVAL		24C. N	AME of CEMETERY of CRI	EMAIORY 24D	LOCATION (	City, town, or county) (State)
Buria:	8/22/1966	Ba 1	timore Narions	al Cemetery	Doltimone W	3
A. DATE REC'	P. BY HEALTH DEPT.  25B	. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	Baltimore, M	ADDRESS
A	UG 22 1966 AL	SOFT	E JONE MAN	Eugenia K.	11	York Rd.
5 150 BEV 3/1	745	3	Marie Prije	Sditz Funer	Home Bal	to. Md. 21212
S 150-REV. 1/1	700					



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BIRTH NO. 66 08458 CERTIFICATE OF DEAT	H Registered Na. 66 08458
M.E. CASE NO.	TE AND HOUR OF CEATH
Type of Print) PALMER, PAULINE F. 8	3-18-66   3:30P N
B. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE A. STATE B. C MARYLAND	(Where deceased lived. If institution, residence before admission,
FULL NAME OF All not in hospital or instriction, give street	1 toward
INSTITUTION	(If autside city limits, write RURAL and give township)
D. STREET ADDRESS	CITY, MD.  (If rural, give location)
ST AGNES HOSPITAL 87 MAIN	STREET
S SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs
FEMALE WHITE MARRIED (Specify) 10-27-18	lost birthdoyl Months Coys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of	or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSEWITE IIIe, even if refired) NONE VIRGINIA	Ü.S.
3. FATHER'S NAME	
GEORGE CLARKSON SADIE MC	CAULEY
5. Was Deceased Ever in U. S. Armed Farces?  16. SOCIAL SECURITY NO.  17. INFORMANT	CATON AVES. 21229
07/ 00 7/17 0- 101-0	
NO 216-09-1815 ST AGNES H	IOSPITAL RECORDS, WILKENS AND
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OF INJURY  (APPROX.)  While At Not While	
Work At Work	19 66 10 8-18- 19 66
22. Certify Mary (Missilospital) difference in deceased from	
	nd that in (my) (our) opinian death accurred on the dat
and have and from the causes stated abave X(1) (We) (XX) (did not) view the bady after de	
M.D. Attending Med.	23B. DATE SIGNEO
23C PHYSICIAN'S	Phys. Phys.
EWALDO WEISS M.O. CATON AND	
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY	WILKENS AVE., BALTO., MD.  4D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Byrial 8-22-1966 St. Johns 25A. DATE REC'N PLANEAU DERY 25B. NAME OF REGISTRAR 25C. FUNERAL DIRE	Ellicott City, Md.
	oothom, Ellicott City, Md
VS 150-REV. 1/1/65	

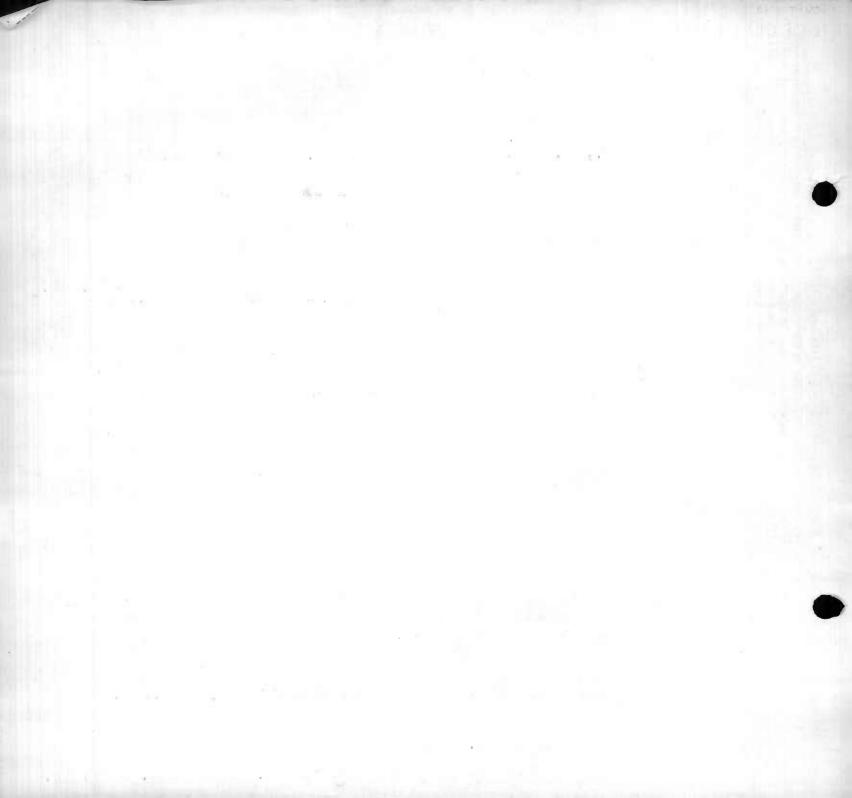


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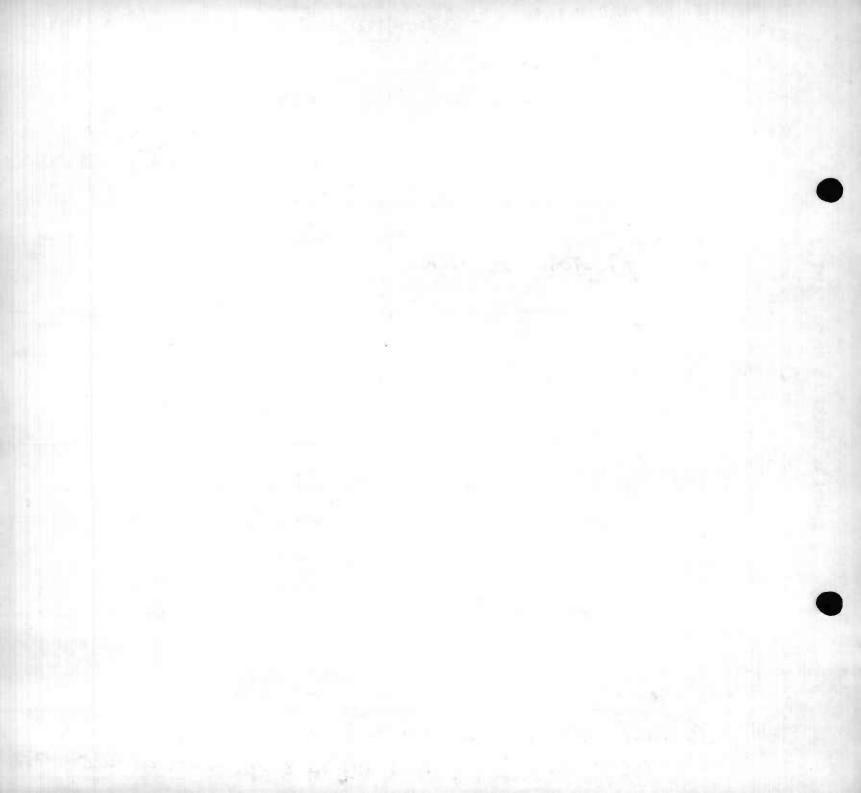
BURIAL 8-2426 St ARWE'S

Jan Francis Chinger M.



IMPORTANT

FUNERAL DIRECTOR:



ACTUAL
SIGNATURE
EXAMINER'S
NAME (Type)

Charles S. Petty, M.D.

ASSISTANT MEDICAL EXAMINER

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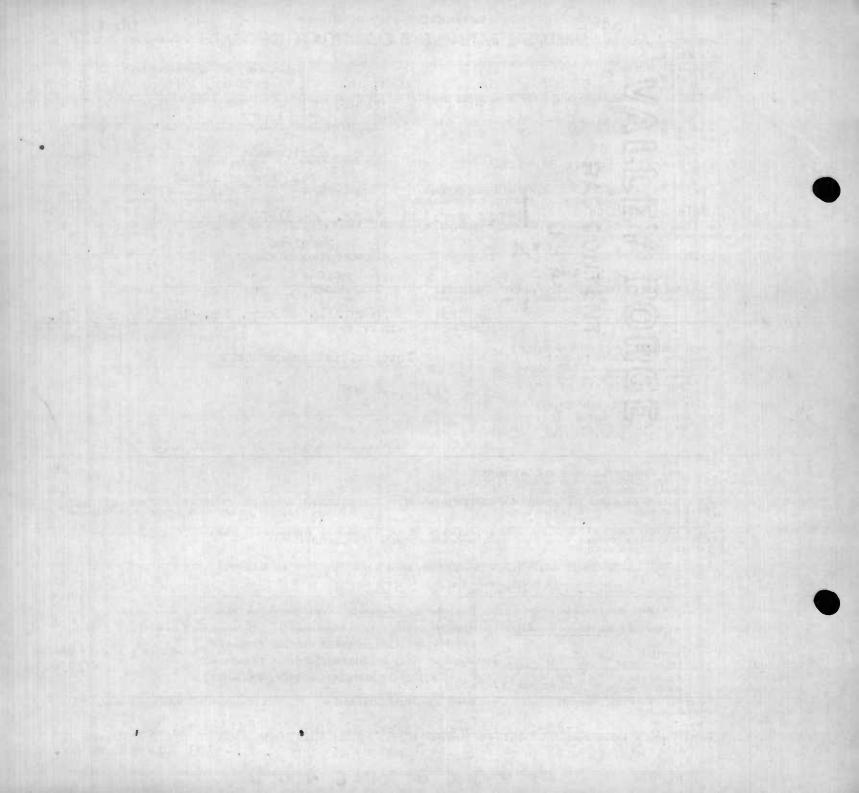
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BALTIMORE CITY HEALTH DEPARTMENT

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L. PLACE OF DEATH IN TALTIMORE, MARKLAND  D. PLACE OF DEATH IN TALTIMORE, MARKLAND  L. PLACE OF DEATH IN TALTIMORE, MARKLAND  D. STEET ADDRESS  D. STEET ADD	BIRTH NO. 66 08464	CERTIFICA	TE OF DEATH	Registered No.	66 08464
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HOSPIAL OR LOS CITY OF TOWN III outpick city, limits, write RURAL and give lownship)  STREET ADDRESS III runol, give location)  D. STREET ADDRESS III runol, give location)  WIRDOWED, DIVORCED lawestry  WIRLOWED, Lawestry  WIRLOWED, Lawestry  WIRLOWED, Lawestry  WIRLOWED, Lawes			4. USUAL RESIDENCE (Where A. STATE B. COUN	deceased lived. Il insti	ilutian: residence before admission
D. STREET ADDRESS  III rorol, give location)  ADDRESS  ADDRESS  ADDRESS  III rorol, give location)  ADDRESS  AD	HOSPITAL OR oddress or location)	ation, give street	C. CITY OR TOWN (If outs	ilde city limits, write RU	IRAL ond give township)
WIDOWED, DIVORCED (specify)  WHAT COUNTRY?  WHAT COUN	Holms Hopki	ns/Hospina	D. STREET ADDRESS THE		, 11
Jone Woring most of working life free in U. S. Armed Forces?  3. FATHER'S NAME  J. MOTHER'S MAIDEN NAME  ADDRESS  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A) J. MOTHER'S MAIDEN NAME  J. MOTHER'S MAIDEN NAME  AND RESS  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  J. MOTHER'S MAIDEN NAME  J. MOTHER'S MAIDEN NAME  ADDRESS  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  ONSET A	SEX 6. RACE 7. MA WID	RRIED NEVER MARRIED		ost birthdoy)	Months Doys Hours Min.
5. Was Decessed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt foliur, osthering, etc., limens the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating lihe UNDERLYING CONDITION Ist.  10. THER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THORMAN CAUSES OF DEATH  (R) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. THORMAN CAUSES OF DEATH  (R) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  11. INFORMANT  INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE  (B) INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE OF INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE  (B) INTERVAL BETWEEN ONSET AND DEATH  (A) IN TYPE CAUSE  (B) IN TYPE CAUSE  (B) IN TYPE CAUSE  (B) IN TYPE CAUSE  (B) IN TYPE CAUSE		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
SECURITY NO.   SECU	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	PV/G	UIS.
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heath foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION LOUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR OR OPERATION 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED TO THE DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING DATE of OPERATION OF OPERATION OF OPERATION WAS PERFORMED TO DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DATE of INJURY (e.g., in or obsult 21C. WHERE DID DEATH (motify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) VALUE INJURY OCCUR?  While AT Work  WHI	5. Was Deceased Ever in U. S. Armed Forces?	Clared 16, SOCIAL	Sylvice	2 / to-e	ADDRESS
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(APPROX.) Work At Work	21D. TIME (Month) (Doy) (Year) (Hour)			JRY OCCUR?	9 th
	(APPROX.)				
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		ve. (me) (did) (did)	iew the body after death.	1	23 B. DATE /SIGNED
and hour and from the causes stated abave. (We) (did) ( we) view the body after death.	mine	S/ M.D. Atte	ending AAed.	Staff	8/15/66
and hour and from the causes stated abave. (We) (did) (We) riew the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED	23C. PHYSICIAN'S	- / - V		rnys, L	0/10/00
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and hour and from the causes stated abave. (We) (did) (a) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  MURRAY A. KATZ  M.D. JOHNS HOPKINS HOSPITAL  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION  (City, town, or county)  (Stote)	25A. DATE REC'D AY HALLH PEPTOCO 25A N	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	PISFIEL4	ADDRESS
and hour and from the causes stated abave. (We) (did) (Control of the body after death.  23A, SIGNATURE  23A, SIGNATURE  23B, DATE SIGNED  23B, DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  MURRAY A. KATZ  M.D. JOHNS HOPKINS HOSPITAL  24A, BURIAL CREMATION, 24B, DATE  24C, NAME of CEMETERY or CREMATORY  24D, LOCATION (City, town, or county)  Control of the body after death.  23B, DATE SIGNED  23B, DATE SIGNED  24C, Physician's  Attending Add. Director	AUG 22 1966 (1)	100 18 E STORNELLE	SIX THE	111111	0 'E: 11 AM

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BIRTH NO.	66 084	65 CERTIFICA	TE OF DEATH	Registered No.	66 08465
M.E. CASE NO.	CEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print)	ELSIE M.	. GARDNER		ust 17, 196	
3. PLACE OF D	EATH IN BALTIMORE, MARYL	AND	14. USUAL RESIDENCE	Where deceased lived. II is	nstitution: residence belare odmissio
			Md.,	O1012	
FULL NAME HOSPITAL OR	OF (If not in hospital or in address or location)	nstitution, give street			RUBAL ond give township)
INSTITUTION	3305 Cliftmo	ont Aug	Balti		
0			D. STREET ADDRESS	(If rurol, give location)	0.6-03
	Baltimore, N	id., 21215	3305	Cliftmont A	ve.
5. SEX		MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
female	white	widowed (specify)	11/28/86	10st birthdoy)	Months Doys Hours Min,
OA. USUAL OC	CUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12, CITIZEN OF
House	of working lile, even if retired)	at home	Baltimor	e. Md.	WHAT COUNTRY?
3. FATHERS NA			14. MOTHER'S MAIDEN		
	Frederick Sa	anborn	unkno	wn	
5 Was Dassass	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	vn) (II yes, give wor or dotes of	service) SECURITY NO.			
		218-09-9738A	Ruth Lashi	ne, dght, a	bove
18. 44 4	311	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OF CONDITION DIRECT	TLY	+	u die	distr And Death
(This does	not mean the made of dy	(A) (A)	(lero)a. (.	V. Gusilare	190.
heart foilure	, asthenia, etc. It means the	disease,	rteriosel C. Arterioseler		
injury or co	mplication which caused dec	oth.)	Anteriosclon	aCa'C	3445
	ANTECEDENT CAUSES	DUE TO	00,0- 40,0		
	OR CONDITIONS, if any, he obave cause (A) sta				
	IG CONDITION last.	oling the (C)		***************************************	
	П				
OTHER SIGN	NIFICANT CONDITIONS CON	TRIBUTING	restausion		146
DISEASE OF	DEATH BUT NOT RELATED R CONDITION CAUSING IT.	- V 1H-			7725-
19A. DATE O	OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF Ly medical examines	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21C. WHERE DI	? (If in Baltimor	e City, give exect location)
21D. TIME	(Month) (Doy) (Year) (H	Tour 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Not Whi			
22 1				10	2/17/11
		ttended the deceased from 87	. /	19to	19
	) last saw the deceased a				inian death accurred on the do
and hour ar	4 /	abave. (1) (He) (did) (did nat)	view the body after dea	th.	
DISA SIGNIAN	NUF	1			DOD DATE/CICALED

23D. ADDRESS 448

Luzerne

Ave.

Inc.

C. PHYSICIAN'S NAME (Type) Benjamin 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

(State)

Burial 8/20/66 Loudon Park Cemetery 25A, DATE REC'D BY HEALTH DEPT.

Baltimore, Md. Schiminek Funeral Home,

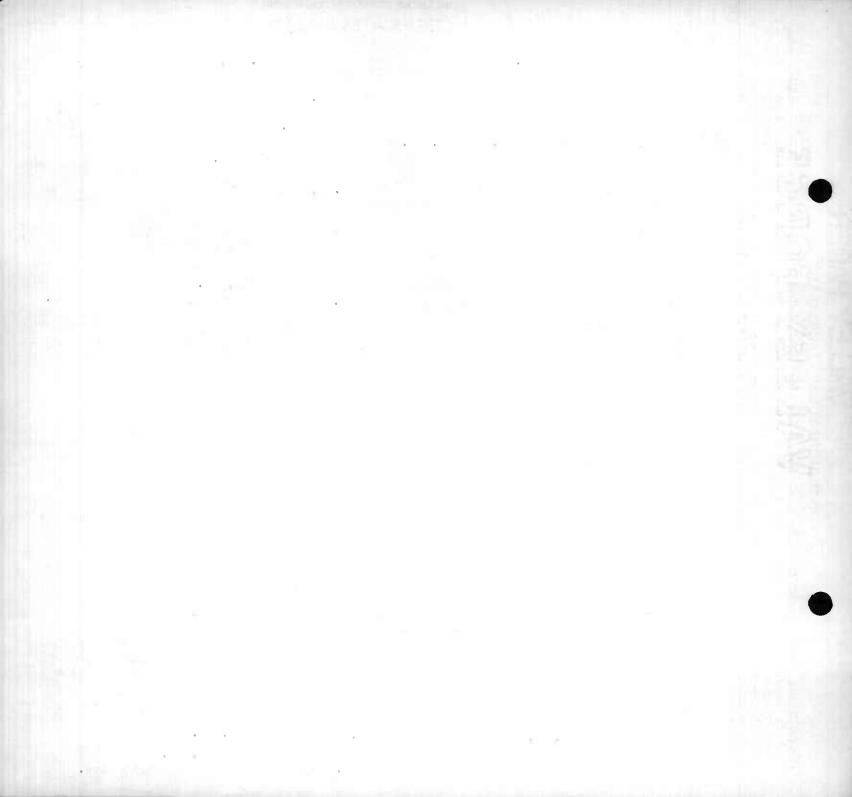
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## BALTIMORE CITY HEALTH DEPARTMENT

66	08466

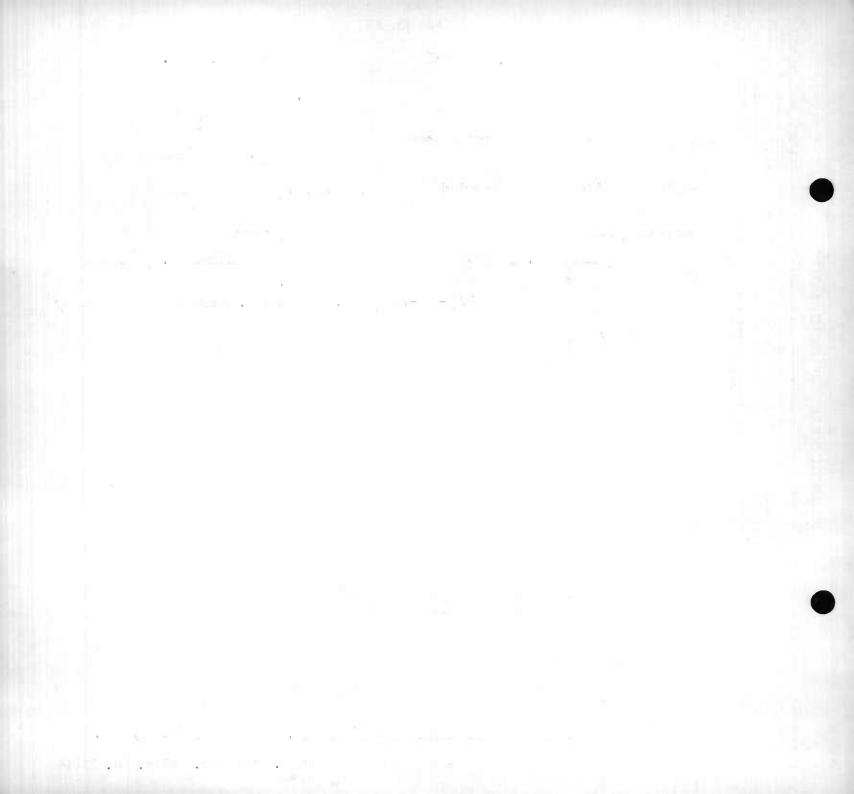
MRTH NO.	400	CERTIFICA	ATE OF D		
Type of Print)				2. DATE AND HOUR OF DEATH	1 40
Ca	rrie B. Snyder	r		Aug. 17, 1966	1/1/-
PLACE OF DEATH IN BALTIMOI	RE, MARYLAND		A. STATE	B. COUNTY	institution: residence before admiss
FULL NAME OF (If not in h	ospitol or institution, give	street	Md.		
HOSPITAL OR oddiess or			C. CITY OR TO	WN (If outside city limits, write	RURAL ond give township)
7			Bal	to.	6-36
6157 Chinque	apin Pkwy. Ba	alto. Md.	D. STREET ADD	11	
			1219	Gusrine St.	uskyan
SEX 6. RACE	7. MARRIED, NE	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	TH 9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
Female White	Widowed		Feb. 8,	1905 lost birthdoy	
A. USUAL OCCUPATION (Give kind		SINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if t	efired)		Virgini		WHAT COUNTRY?
House Wife			14. MOTHER'S		
James Bole:				Taylor	
. Wos Deceosed Ever in U. S. Am es, no or unknown) (If yes, give wor	or dates of service)	SECURITY NO.	17. INFORMANT	Balto, Md.	ADDRESS
No			Mrs. Cha	rles Newcomb 6157	Chinquapin Pkwy.
18. / 🥎 / /		CAUSE	05.05.4511		T
DISEASE OR CONDITION	N DIRECTLY	Ca	y+ cinon	etastases	onset and DEATH
LEADING TO D		P	olvin Al	tration	14-84+
nise to the above cause UNDERLYING CONDITION IO III OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	ONS CONTRIBUTING	(C)			
19A. DATE OF OPERATION 191		ICH OPERATION	20A. AUTOPS	Y? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE ( DEATH (notify medical examiner)	OF home,	ACE OF INJURY (e.g., lorm, foctory, street,	in or obout 21 C. W office bldg., INJURY	HERE DID (If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy)	(Yeoi) (Houi) 21E, IN	JURY OCCURRED	21F. He	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)	White		nile [		
	Work	At Work	aula	16 h	1
22. I certify that (I) (this ha	spital) attended the	deceased from	. 0 61	,	196
that (I) (we) last saw the de	ceased alive an.	uly 3	19 6 6	ond that in(my) (	oinian death accurred on the
and hour and from the cause	s stated above. (1) (1	(did) (did new)	view the body o	fter death.	
23A. SIGNATURE	11		-		23B. DATE SIGNED
Um- H./	Гании	ey Ja.D. A.	iys.	Aed. Stoff Phys.	8/19/66
23C. PHYSICIAN'S NAME (Type)		M.D	23D. ADDRESS	York Rd.	21212
AA. BURIAL CREMATION, 24B. D.	ATE 24C. NAM	E of CEMETERY or C	REMATORY	24D. LOCATION (C	City, town, or county) (Stat
	. 20,, 1966 M	Meadowridge	Cem.	Balto. Md.	
Burial Aug		REGISTRAR	4 .		ADDRESS
AUG 22 196		forbeoma,		Dar to ride	
HOU BA IO	O AMERICA A	0.0	GUTTE	nan Schwab 3512 Fre	ederick Ave.
S 150-REV. 1/1/65					

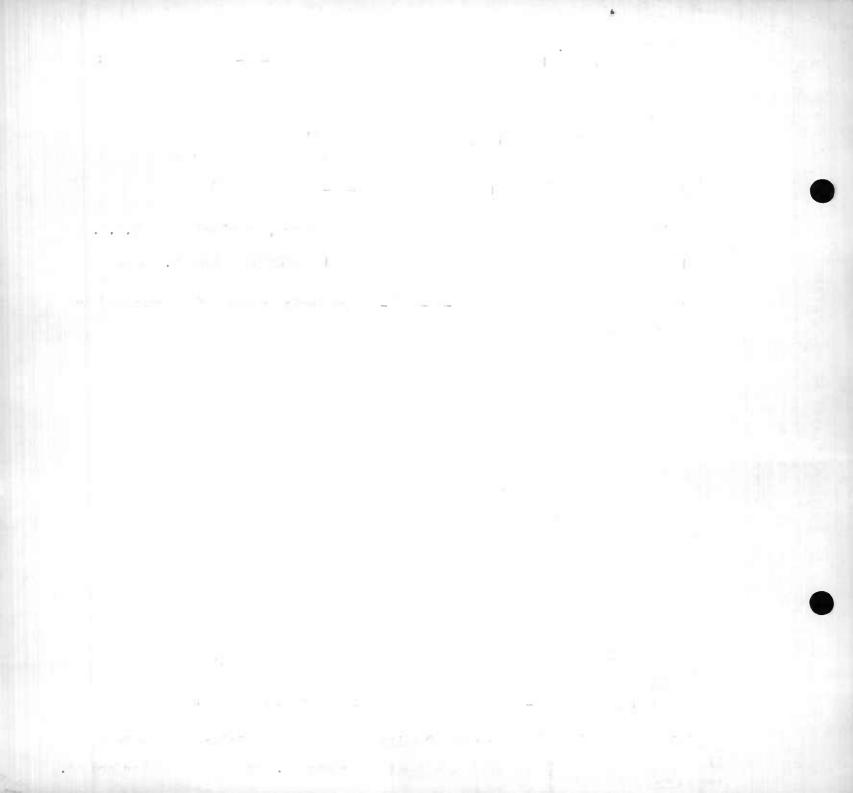


CC 00400	BALTIMORE C	CITY HEALTH DEPARTMENT	< CC 00400
IRTH NO. 66 08467	CERTIFIC	CATE OF DEATH Registered	6. 66 08467
A.E. CASE NO.		2. DATE AND HOUR OF DEA	TH
Type or Print) ISIDOR S	HAPIRO	8-16-66	1 3.55P
PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission
		A, STATE B. COUNTY	1/ 25
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	NEW JERSEY C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)
INSTITUTION			ire RORAL and give fownship!
3 THE JOHNS HOPKIN	IS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
J THE COMMS HOPKIN	13 HUSFITAL	1228 GEORGIAN TERRA	
. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
MALE WHITE	WIDOWED, DIVORCED (specify)	8-29-10   lost birthdoy  55	Months Days Hours Min.
	MARRIED	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUS	TRE TI. BIRTHTEACE (State of foreign country)	WHAT COUNTRY?
Real Estate Broker   F	Real Estate	Lakewood N.J.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Barnet SHAPIRO		SARAH SOLOMON	
. Was Deceased Ever in U. S. Armed Forces	? 1 6. SOCIAL	17. INFORMANT	ADDRESS
es, na or unknown) (If yes, give wor or dates			44 0
no	144-01-0386	THE DESIGN SILE	
18. 421.11	CAUSE	E OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIREC	CTLY	ARDIAC ARREST	25 MINUTES
(This does not meen the made of d	(A)		
heart failure, asthenia, etc. 11 means th	e diseose,		
injury or complication which caused de	edin.)	ULMONARY EDEMA AND HYP	POTENSION 5HRS
ANTECEDENT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, if on		ORTIC STENOSIS	8 YRS
UNDERLYING CONDITION Iosi.	(C)		
11			
OTHER SIGNIFICANT CONDITIONS COL			
TO THE DEATH BUT NOT RELATE	N 10 THE	ONE	
19A. DATE OF OPERATION 19B. CONDI- WAS PERFOL 21A. ACCIDENT WAS UNDERLYING	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
		No	
OR CONTRIBUTION COLUMN	218. PLACE OF INJURY (e. home, form, foctory, street	g., in or obout 21C. WHERE DID (If in Boltin), office bldg., INJURY OCCUR?	mare City, give exact lacation)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Not Not Not Not Not Not Not Not No		
		August 13, 19 66 10	
		19 66 ond that in (my) (our)	opinion deoth occurred on the do
and hour and from the couses stated	l obove. (*) (We) (did) (d)	t), view the body ofter death.	
23A. SIGNATURE	. 1		238, DATE SIGNED
100000	the DO and M.D.	Attending Med. Stoff Phys.	8-16-66
23C. PHYSICIAN'S	Throcoon.	23D. ADDRESS	
NAME (Type)	I O C K	THE JOHNS HOPK!	INS HOSPITAL
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF		(City, town, or county) (State)
REMOVAL (Specify)	A C. ITAIVIE OF CEIVIETERY OF		
burial 8-17-60	6 Mt. Sinai Co	emetery Lakewood	d New Jersey
SA. DATE RECAUGE 22 1966	B. NAME OF REGISTRAR	25C. UNERAL DIRECTOR	ADDRESS
(1) 9961 99	olect & tabling	1 oLegnard J. Ruck Inc	Baltimore, Md.
/S 150-REV. 1/1/65			

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BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

DIRECTOR:

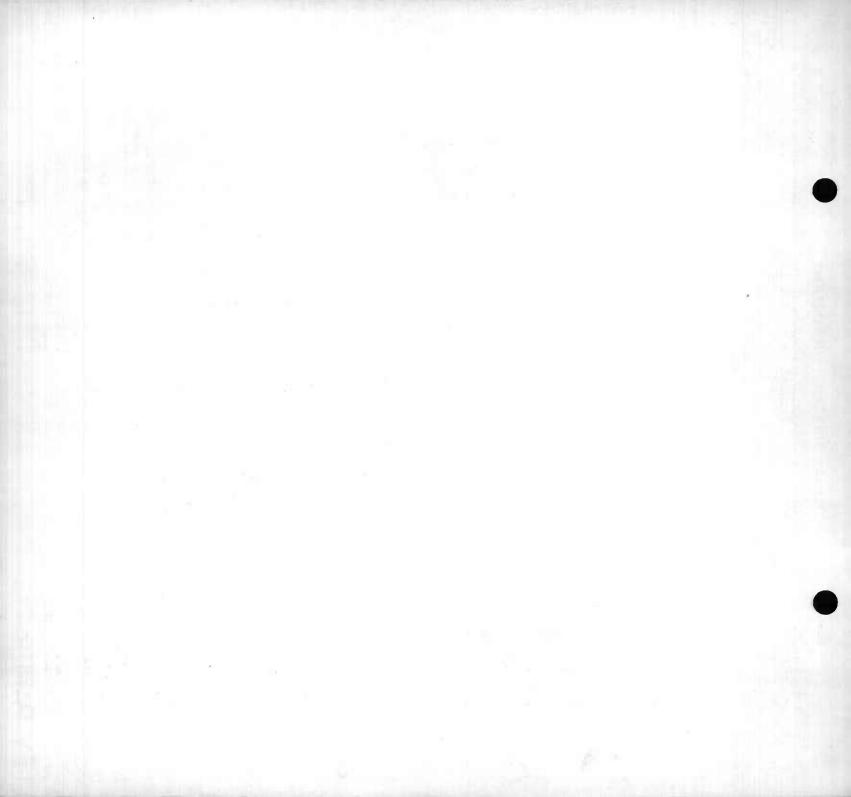
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VS 150-REV. 1/1/65

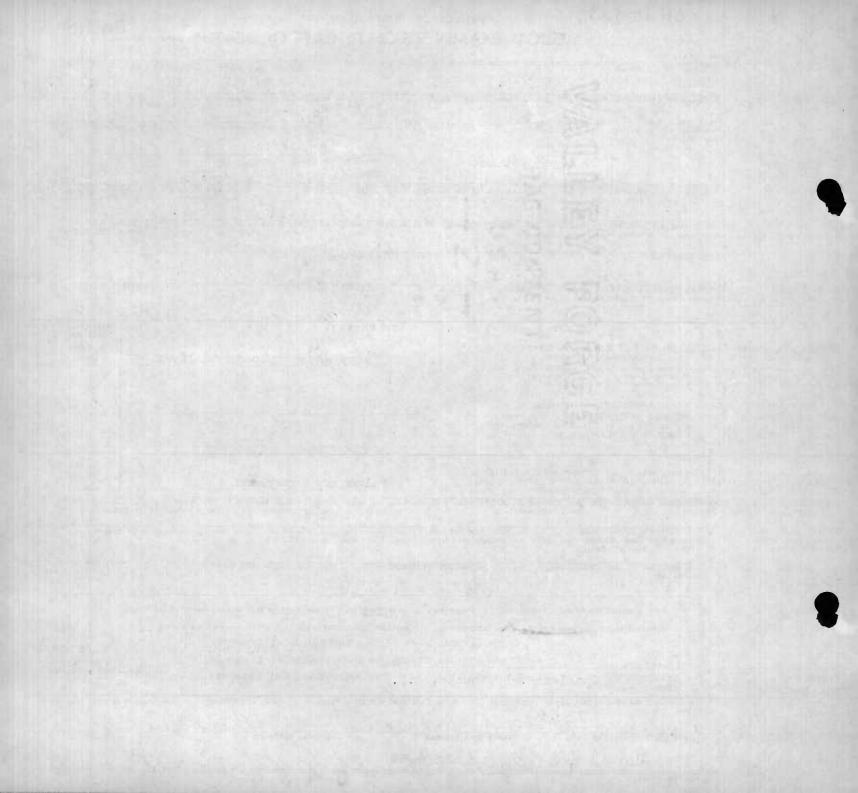
YT and the street

66 08471	BALTIMORE CITY	HEALTH DEPARTMENT		66 08471
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 00471
M.E. CASE NO.  1, NAME OF DECEASED	OEKTII 107			
(Type or Print) MABEL JOHN	SON	2. DATE A	8-18-66-	8.45 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WE A. STATE B. COU	here deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institu	tion give sheet	MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION	non, give sweet		outside city limits write	RURAL and give township)
		BALTIMORE	5-	-01
73 THE JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS	If turol, give location) ESTER STRE	- T
		1306 N, CH	ESIER SIRE	<u>-                                    </u>
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
FEMALE NEGRO	EVER MARRIED	9-16-09	lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
done during most of working life, even if retired)		Rath	20	WHAT COUNTRY?
13. FATHER'S NAME		14, MOTHER'S MAIDEN N.	AME MEX	11.15
			0 4	
PERRY JOHNSON		LILLIAN	Juleson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
mi		Pary Inh	usul	
18. 2.3 / X M	X CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/\		0	ONSET AND DEATH
LEADING TO DEATH	(A) K	Espiratory	arrest	unutes
(This does not meen the made of dying, heart failure, asthenia, etc. It means the disc			/	
injury or complication which caused death.)	0	114 = 00	mina Lina	1.00.11
ANTECEDENT CAUSES	(B) DUE TO	0 14 0 (64)	marion	wows
DISEASES OR CONDITIONS, if any, gi	ving	V		
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)	00xx0x0x0xxxxxx		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE	ITING 4	1 .1	1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE LUSTOUN	8/ Herner	wenteres	
	OR WHICH OPERATION	NA. AUTOPSY (les or h	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		1100	IN CERTIFYING CA	SUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID		re City, give exact location)
▼ DEATH (notify medical exominer)	home, form, foctory, street, o	mee bidg., INJURT OCCUR?		
Q 21D TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUP?	
OF INJURY (APPROX.)	While AI Not Whi	le 🗀		
	Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased fram	8/18	19 6 to 6	19 00
that (I) (we) last saw the deceased alive	an 6/8	19 64 and 1	that in(my) (aur) ap	inian death accurred an the date
and haur and fram the causes stated above	re. (W) (We) (did) (did not)	view the bady after death	•	
23A. SIGNATURE	0			23B. DATE SIGNED
Harmon &	M.D. Att.	ending Med. Director	Staff Phys.	8/18/66
23C. PHYSICIAN'S		23D. ADDRESS		
NAME TYPE)	Fire M.D.	Tal	of Blank	Cine Black LI
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION "	ity, town, or county) (State)
REMOVAL (Specily)	2111	) /	1	1
15mm + 13-66	ut away	el	12work	y My
25A. DATE 4668722 LT19067.	ME OF REGISTRAR	25C FUNERAL DIRECTO	OR A	ADDRESS
419/33/0	- Standagolina	Bug Oill	elso 1000	manlete
1/6 1/6 0/1/ 1/1///				



moved 11/3/24 4/ M Any LANGO . Foruszurge Siceno Baree Husbnat. 0111 secure mand some and Subservationed Homeserday 2 Sandra Lyrele -UNIV. HOSP. THE SANDRA C ZUERE

BIR	TH NO.		MEDICAL	EXAMINER 5	LEKTIFICAT	E OF L	JEA IH Regist	ered No		-E-
	E CASE NO.									
î. (Ty	Pe or Print)	CEASED	LOUIS	A. DORSEY			st 18, 1966	ED DEAD	8:30	P. M.
3. 1	LACE IN BALT	TIMORE, MAR	YLAND, WHERE PR	ONOUNCED DEAD	A. STATE	ence (Where	deceased lived. If ins B. CO	titution: resid	dence before o	dmi s sia n)
нс	LL NAME OF	(IF NOT ADDRESS	IN HOSPITAL OR II	NSTITUTION, GIVE STREET			e carparote limits, writ	e RURAL on	nd give townsh	nip)
0		1210	Edythe S	treet	D. STREET ADDR	Ess (If rural,	give lacation)	0,		
							ne Street			
5. 5	Male	6. RACE Neg1	WIDOV	RRIED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	1980	9. AGE (In years last birthday)		Doys Haurs	
	. USUAL OCCI e during mast of v			ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreig	n country)	12. CITIZE WHA	T COUNTRY?	,
13.	FATHER'S NAM	AE JUL			14. MOTHER'S M	AIDEN NAM		1	13/1	
	/	7			01.	1	11.00			
15	WAS DECEASE	UNW.	S. ARMED FORCE	S? 16, SO CIAL	17. INFORMANT	ule	Truck	ADDRESS		
			war or dotes of ser			-		/		
		1 1	1)		+ Taller	_1)00	1241	Sign	112	_ 8
	18.	1.0.	<u> </u>	CAU	SE OF DEATH				INTERVAL BE	
	DISEA	SE OR CONI	DITION DIRECTLY			14-6-10			ONSET AND	DEATH
	DISEA	LEADING 1	O DEATH	(A)	Fatty met	amorpho	sis of live	r		
	heort failure,	, asthenia, etc	mode of dying, It means the dis ch caused death.)	e.g., DIIF TO		·				
		NTEGENER	IT CAUSES							
		OR CONDITI	ONS, IF ANY, GIV	ING (8)					***********	
1	RISE TO TH	E ABOVE CA	USE (A) STATING							
z	ONDERLIN	NG CONDITI	ON LASI.	(C)					· 000 0 000 000 000 000 000 000 000	
₫		H				91				
CERTIFICATION	TO THE	NIFICANT CO	NOT RELATED		Pulmonary	emphyse	ma		•••••	***************************************
CERT	19A. DATE OF	and the same of th		FOR WHICH OPERATION	20A. AUTOPSY		208, IF YES, WERE F	INDINGS C	ON SIDERED ATH?	
EDICAL	21 A. EXTERNA UNDERLYING UTING CAU	OR CONTRIB	3-	218. PLACE OF INJURY (e.g. hame, farm, foctory, street, etc.)	affice bldg., INJURY	HERE DID	(If in Boltimare City, g	ive exact lo	ocotion)	
ME	21D TIME			11) 21E. INJURY OCCURRED	015 H	OW DID INJU	IBY OCCUP?			
	OF INJURY	(Manth) (E	Day) (Year) (Ho			DAM DID INTO	JKI OCCOK:			
	(APPROX.)			m. WHILE AT NO	WORK					
	22.	tify that I he	eld on Inquiry	Inspection A	utapsy 🔀 and	d that an th	is basis, death In	my apiniai	n	
	resul	Ited from: N	atural causes 7	Accident Suic	ide 🗌 Hamici	de 🗌 🔝	Undetermined mann	ier		
		13/	2 12 0	1 4	CHIEF MI	EDICAL EX	AMINER _			
	ACTUA		enle 1.	In reti	D. ASSISTANT M		CAMINER		DATE SIG	
	SIGNAT		1 2	1	ASSOCIATE M		pro	August	19, 19	66
	EXAMIN NAME (		narles S.	Springate, M.D.	AJJOCIA I E M	LDICAL L	AMITTER _			
	BURIAL CRE		& DATE	23C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (Cit	y, town, ar o	county)	(State)
RE	MOVAL (Specif	0	8-23/16	1.1-01	.01	9 8 5	Qualon.		1.	7.7
24	A. DATE REC'D		DEPT 248 N	AME OF REGISTRAR	24C. FIINED	AL DIRECTOR	enovely.	1	DDRESS	
24				4 /	1	DIRECTOR				,
	F	AUG 22	1966 (1)	mb E. Jankeyma	Elien	Olles	200 100	Bi	rende	ytu
240	3 C3 DELL 3 /3	110		P - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		13			-	



State grade in Special Industrial Industrial

66 08475 66 08475 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD WHITFIELD 8-17-66 11:35 A M. THORNTON 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carpargte limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore 602 NORTH HANOVER STREET D. STREET ADDRESS (If rural, give lacation 602 K. Hanover Street 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE Months Days | Hours , Min. WIDO WED, DIVORCED (specify) Male Colored manue 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 2. CITIZEN OF foreign country) WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SO CIAL 7. INFORMAN ADDRESS (Yes, no of unknown) of yes, give wor ar dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES Fatty metamorphosis of liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **FICATION** 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Hypertensive cardiovascular disease and epilepsy DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact location) hame, form, foctory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE 22. Autopsy XX I certify that I held on \_inquiry \_\_\_ Inspection and that on this bosis, death in my opinian resulted from: Notural causes X Homicide Undetermined monner Accident Spicide

RUDIGER BREITENECKER, M.D.

24B, NAME OF REGISTRAR

23C. NAME of CEMETERY of CREMATORY

ACTUAL

Sung A

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)

23A, BURIAL CREMATION.

23B DATE

CHIEF MEDICAL EXAMINER

23D. LOCATION

M.D. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

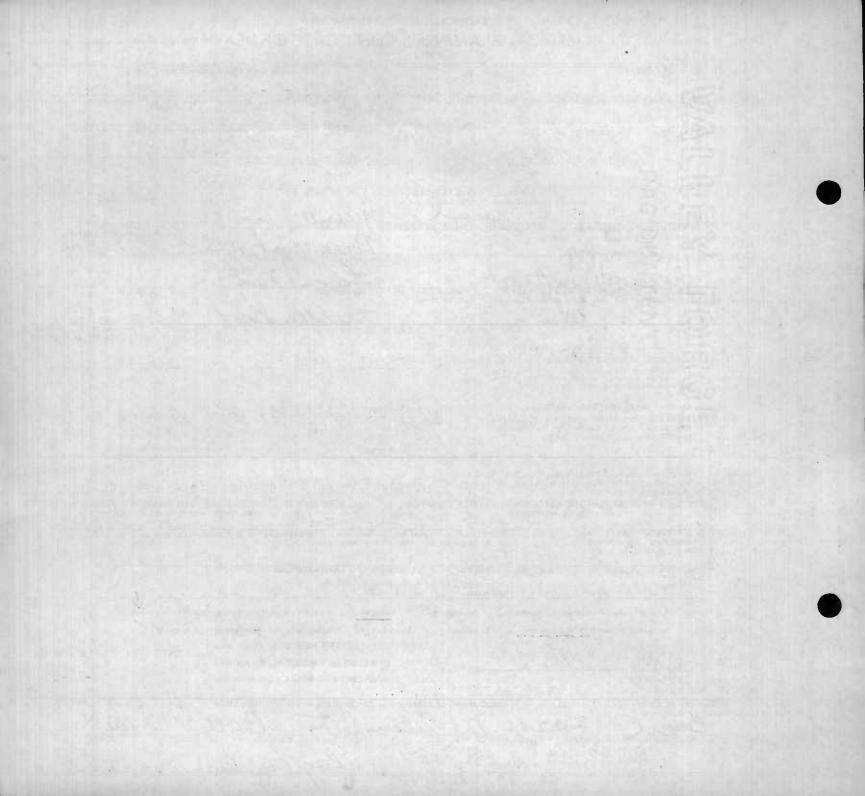
DATE SIGNED

8-18-66

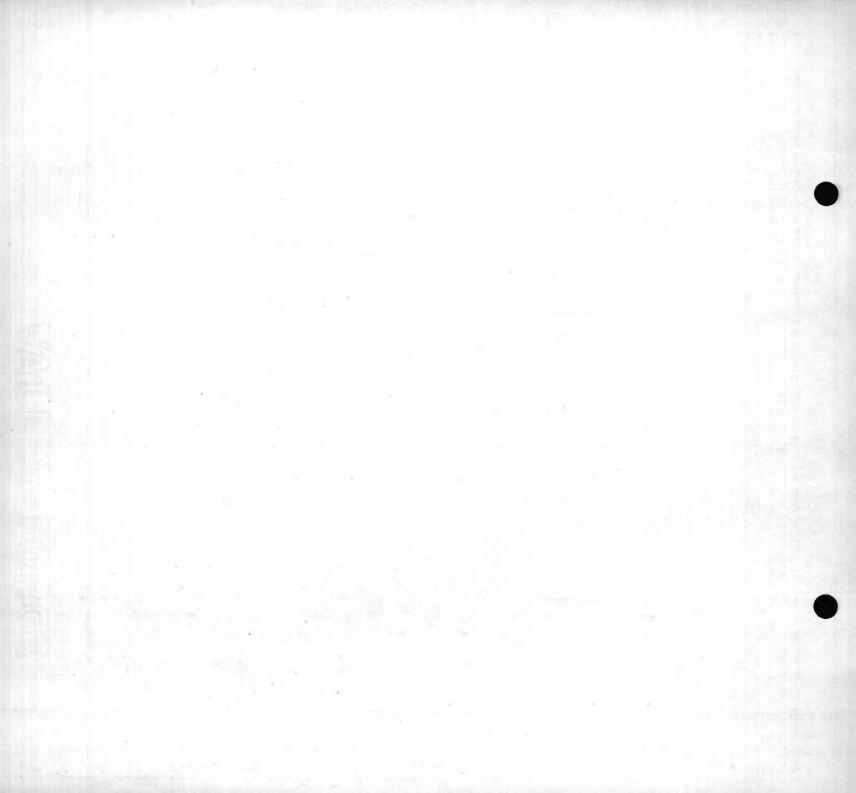
(City, town, or county)

ADDRESS

(State)



	00 00	BALTIMORE	CITY HEALTH DEPARTMENT		00 00 00
BIRTH NO.	66 084	76 CERTIFIC	CATE OF DEATH	Registered No	66 08476
N.E. CASE NO			2. DATE	AND HOUR OF DEATH	Н
Type or Print)		Lorenzo Martin			. 77 76 7
PLACE OF	DEATH IN BALTIMORE MA		14. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
			A, STATE B. CO	UNTY	
FULL NAM	E OF (If not in hospital	or institution, give street	Maryland	Mark III PA	
HOSPITAL C		n)		outside city limits, write	RURAL and give township)
			Baltimore		
)	3403 Bank \$	Street	D. STREET ADDRESS	(If rural, give location)	}
		301000	3403 Bank	Street	
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min,
Fem.	White		6/0/7000	F	Trionis Boys Troois 17411,
A. USUAL O	CCUPATION (Give kind of work	108 KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	of working life, even if retired)				WHAT COUNTRY?
	sewife	home	Italy		U.S.A.
. FATHER'S	NAME		14. MOTHERS MAIDEN N	IAME	
77-	incent Degent	i c	A = 0 = 7 .	Odraw	
. Wos Decea	incent DeSant	ces? 16. SOCIAL	Angelins 17. INFORMANT	utuna	ADDRESS
es, no or unkno	own) (If yes, give wor or dote	s of service) SECURITY NO.			
No			Mrs. Joset	hine Broco	colino
1B. Infa	43X1	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIE	RECTLY		1.	
	LEADING TO DEATH	(A)	+usulminė	lundio -	
	s nat mean the made of	dying, e.g., DUE TO	Warning	ad in	
	ire, asthenia, etc. 11 means camplication which caused	death,)	, commen	ousens	c.
	ANTECEDENT CAUSES	(B)			9 . 400
DICTAGE					
	OR CONDITIONS, if the abave cause (A)				100
	ING CONDITION last.	(0/			
	11				
OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING			
DISEASE	DEATH BUT NOT RELA	ATED TO THE			
19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SILTO THE DISEASE 19A. DATE	WAS PER	FORMED	S-1 (V 1700)	IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCI	DENT WAS UNDERLYING TRIBUTING CAUSE OF	218. PLACE OF INJURY	e.g., in or obout 21C. WHERE DID	(tt in Bottime	ore City, give exact location)
OR CONTI	RIBUTING CAUSE OF bify medical examiner	home, form, foctory, streeter,)	office bidg., INJURY OCCUR?		
)					
OF INJURY	(Month) (Doy) (Year)			NJURY OCCUR?	
(APPROX.)		While AI Not	While Vork		
22 1	16 11 111111111111111111111111111111111			10 501	-1182 1
		) attended the deceased from	// //		0 /
that (I) (	last saw the decease	ed alive an Silve	19.66 and	that in (my) (aue) as	plnion death accurred an the d
and hour	and from the causes stat	ted abave. (1) (We) (did) (did m	ot) view the body after deat	h.	
23A. SIGN	ATURE	· P · · ·			23 B. DATE SIGNED
42	each 11.	Xilast M.D.	Attending Med.	Stoff	8/20/56
23 C PLIVE	Clare	NO XVQ)	Phys. Director	Phys.	10/2/00
NAM	CIAN'S E (Type)		23D. ADDRESS		
Jo	seph R. Libe	rto, M. D.	3508 Bank	Street	
A. BURIAL	REMATION, 248. DATE	24C. NAME of CEMETERY of		10 - 11	City, town, or county) (State
	L (Specity)				
Buria		66 Oaklawn	B	altimore.	Maryland
SA. DATE	84 S. S. L. 1988. W	SE U.S. THE WORLD	25C. FUNERAL DIRECT	OR O'	TICOL Y L COLLADORESS
	010	KENT E. WINKUMA	freeplin3	agreno 87 2	S Contina at
S 150-PEV 1	/1/65		7 8/ 1	(200)	D. Compring St



66 08477

BIRTH NO.

M.E. CASE NO.

and

etermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Myrtle A. Shumaker also Myrtle Loschiava limits, write RURAL and give township) Under 1 If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? 1533 Bush St. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact location) and that in (aur) apinlan death accurred an the date 23B. DATE SIGNED deceased (City, town, or county) Anne Arundel County. Was VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

The standard of the standard o

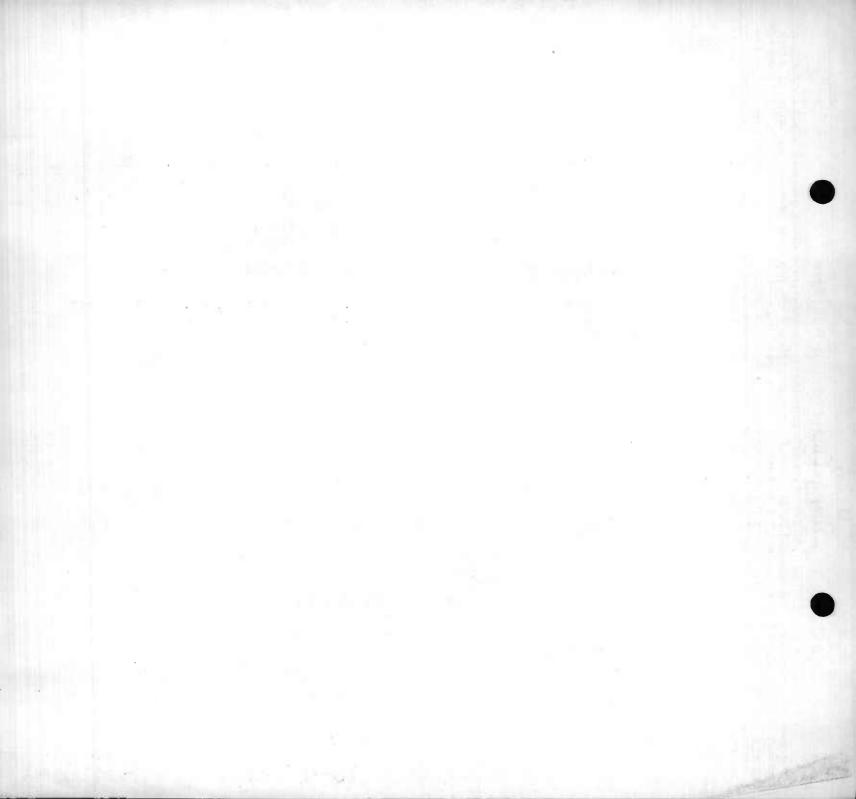
VS 150-REV. 1/1/65

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IMPORTANT

DIRECTOR:

FUNERAL



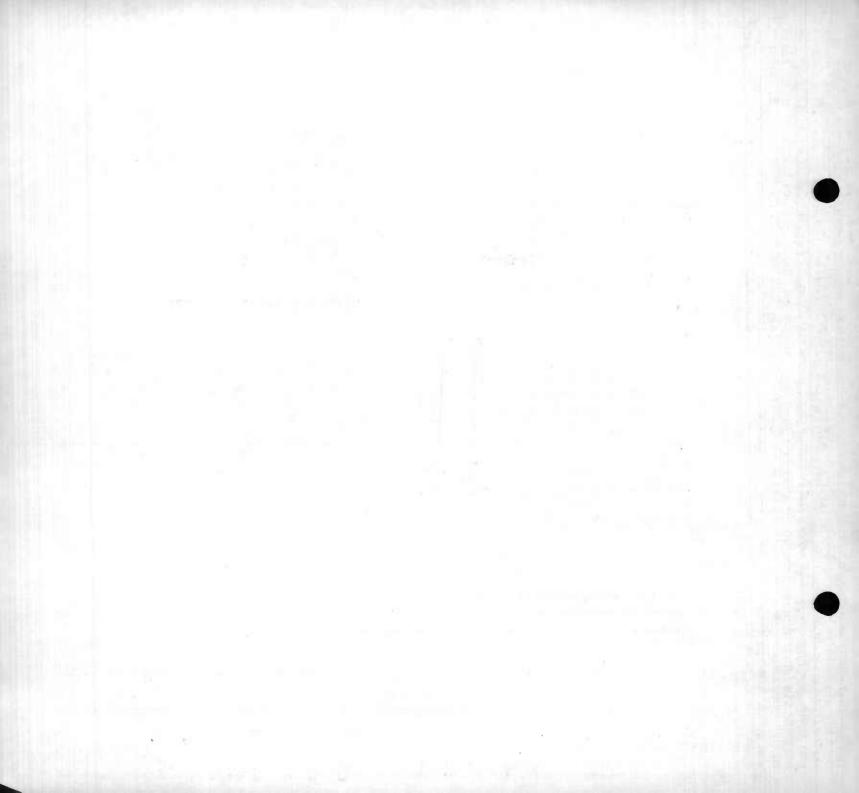
and

IMPORTANT

DIRECTOR:

FUNERAL

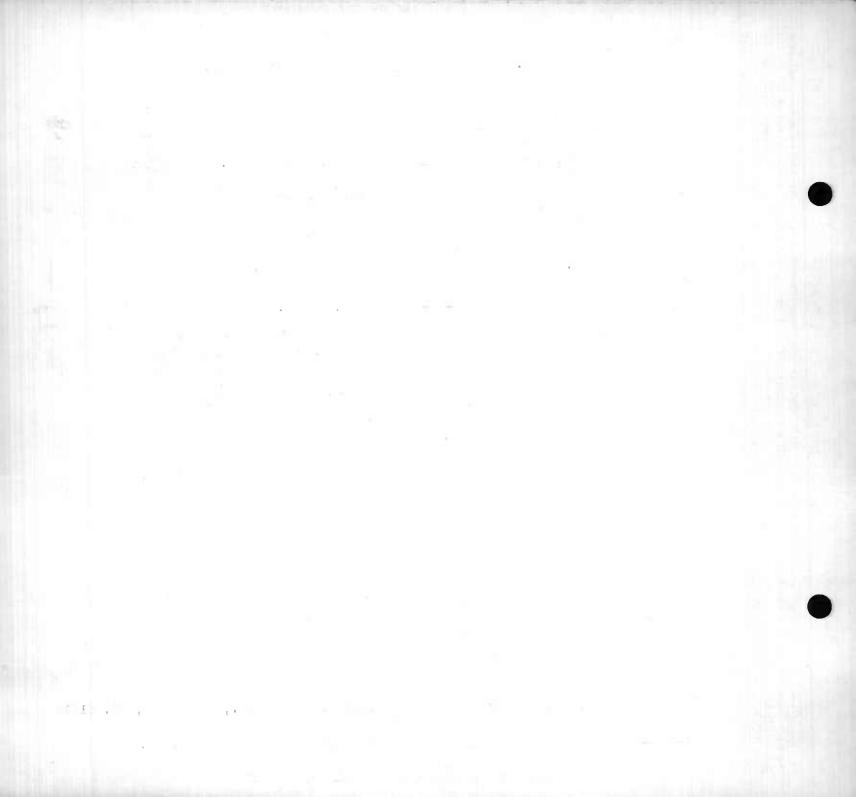
VS 150-REV. 1/1/65



LO

BALTIMORE CITY HEALTH DEPARTMENT 66 08481 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Sorden August 18, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY deat Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION House in the Pines - Belvedere Baltimore 2525 West Belvedere Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 5003 Elmer Ave. 21215 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. 5. SEX If Under 1 Yr. DW Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdov) Male White Jan 14, 1894 ivorced 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Clerk - Retired Baltimore, Maryland
14. MOTHERS MAIDEN NAME 13. FATHER'S NAME Everett. W. Sorden Ada Baughman 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Yes 064-09-2244 Mrs. Ada M. Wagner same address as above 1 B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, osthenio, etc. Il meons the disease, injury or complication which coused death.) em ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact tocotion) DEATH (notily medical examiner) etc.) MEDIO (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX) At Work Work 22. I certify that (1) (this haspital) attended the deceased from... une 1966 and that in (my) (was) opinion death occurred on the date that (1) (we) lost sow the deceased alive on and haur ond fram the causes stoted oboye. (I) (We) (did) (did nat) view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Director Phys. approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Maurice E. Shamer 3300 W AVE F Baltimore 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City. REMOVAL (Specify)

8/20/1966 Druid Ridge Cemetery 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



USA

(If outside city limits the RURAL and give flownship)

If Under 1 Yr. Months: Days If Under 24 Hrs. Hours i Min. 12. CITIZEN OF WHAT COUNTRY?

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

Above INTERVAL BETWEEN

ONSET AND DEATH

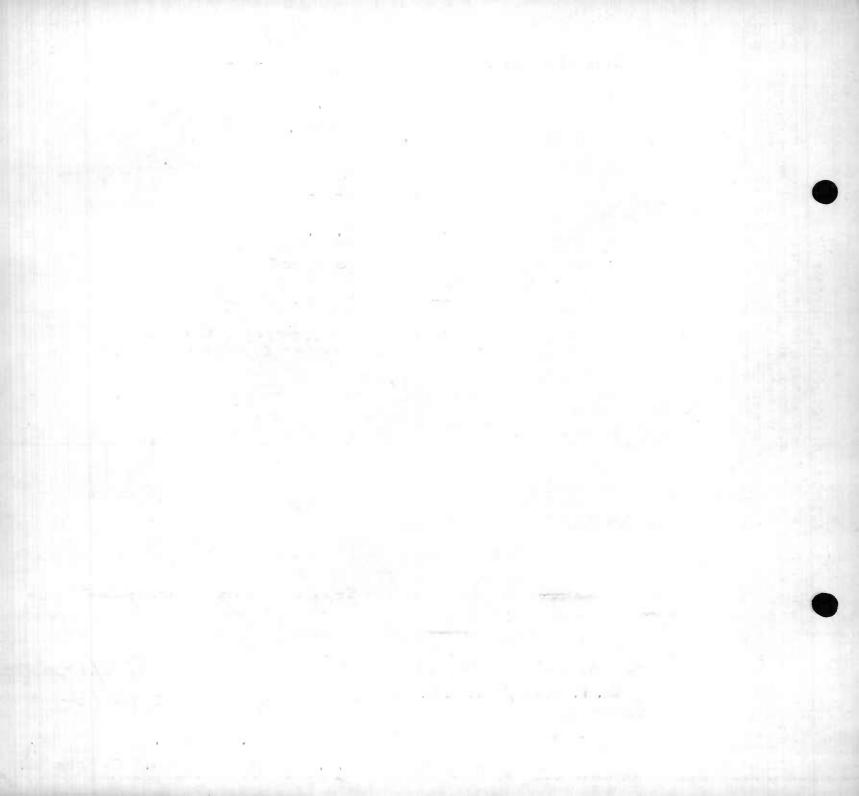
208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimare City, give exact location)

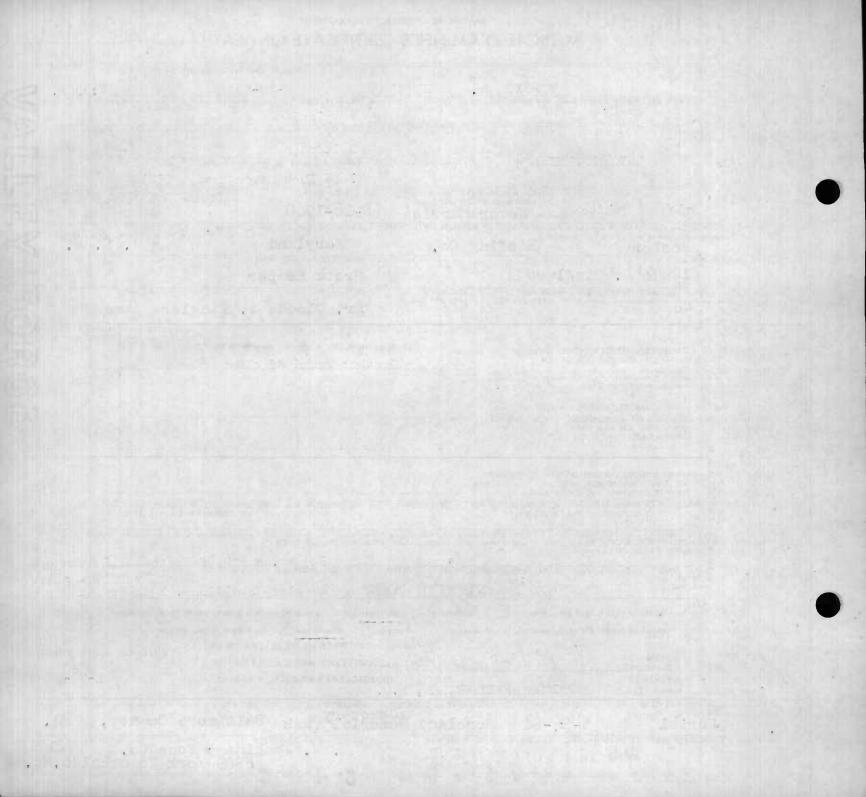
....and that in(my) (aur) apinian death accurred an the date

& Sons Co.4905 York Rd. .Jenkins

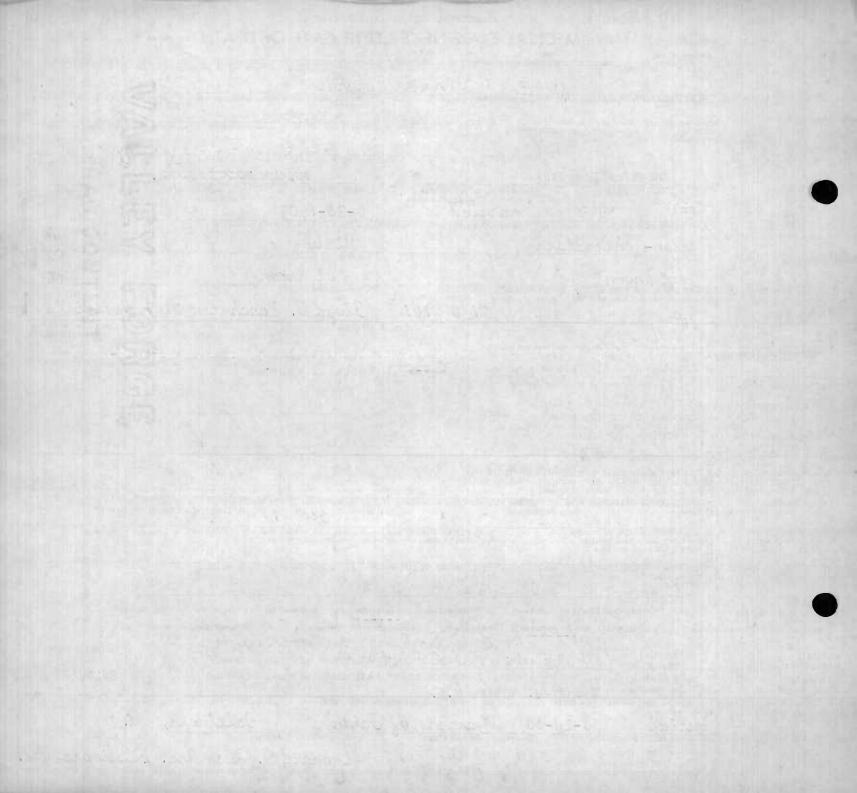
VS 150-REV. 1/1/65



1. NAME OF DE	CEASED				2. DATE AND HOUR PRO	NOUNCED DEAD	
			A. TINGLER		8-20-66	1 1/1 20 12	4:35
3. PLACE IN BAL	TIMORE MARYLAND, WI	HERE PRONOU	JNCED DEAD	A. SJATE Marylar	NCE (Where deceased live	8. COUNTY	sidence botor
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET		N (If outside corporate lim		
11	TINITONI AGENCOMITA	T HOGDT	TAY DOL	Baltimo		7-0	+
	UNION MEMORIA	T HOSPI	TAL - DOA		ess (If rurol, give locotion) och Raven Road		,
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years   If Und	er 1 Yr. If U
Male	White	10,100	pivorced(specify) r Married	8-18-19	18 lost birthd	oy) Month's	Doys Ho
	UPATION (Give kind of work working life, even if retired)				tote or foreign country)	12. CITI	ZEN OF
Roofe		Roofir	ng Co.	Mary.		U.	S. A
	A. Tingler	r		Greta			
15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	T. C.	ADDRES	SS
No	, , , co, give wor or dole.	3 01 36141667	32001111101	Mr. Cla	aude A. Ting	gler Sa	me
(This does heart foilure injury or co	SE OR CONDITION DIE LEADING TO DEATH not meen the mode of , osthenio, etc. It meens mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) ST NG CONDITION LAST.	dying, e.g., the discose, deoth.)	(B) DUE TO	nshot woun	d of chest		
(This does heart foilure injury or co	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.  II ENIFICANT CONDITIONS	dying e.g., the discose, deoth.)  S NY, GIVING TATING THE	DUE TO  (B)  DUE TO  (C)	nshot woun	d of chest		
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(This does heart foilure injury or co	LEADING TO DEATH not meen the mode of , osthenio, etc. It meens mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.  III INTERCANT CONDITIONS DEATH BUT NOT REL IR CONDITION CAUSING	dying e.g., the discose, deoth.)  S NY, GIVING TATING THE  CONTRIBUTING TO THE	DUE TO  (B)  DUE TO  (C)	20A. AUTOPSY?	(Yes or No) 20B. IF YES,	G CAUSES OF D	
OTHER SIGNOTO THE DISEASE OF THE DIS	LEADING TO DEATH  not meen the mode of , osthenio, etc. It meens mplication which coused of  ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.  II  INTELLET CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING FOPERATION 198, CON WAS PERF	dying e.g., the discose, deoth.)  S NY, GIVING TATING THE CONTRIBUTIN LATED TO TI G IT. DITTON FOR V FORMED	OUE TO  (B)  DUE TO  (C)	20A. AUTOPSY? Yes	(Yes or No) 20B, IF YES, IN CERTIFYIN	Yes	EATH?
CTHIS does heart foilure injury or continuity or continuit	LEADING TO DEATH not meen the mode of r, osthenio, etc. It meens mplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.  II MIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING F OPERATION 19B, CON. WAS PERF	dying e.g., the diseose, deoth.)  SS NY, GIVING THE  CONTRIBUTIN LATED TO TI S IT.  DITION FOR V FORMED  218. I home, etc.,	OUE TO  (B) DUE TO  (C)	20A. AUTOPSY? Yes in or obout 21C, W office bldg., INJURY	(Yes or No) 20B. IF YES, IN CERTIFYIN HERE DID (If in Boltimore OCCUR?	Yes City, give exect	location)
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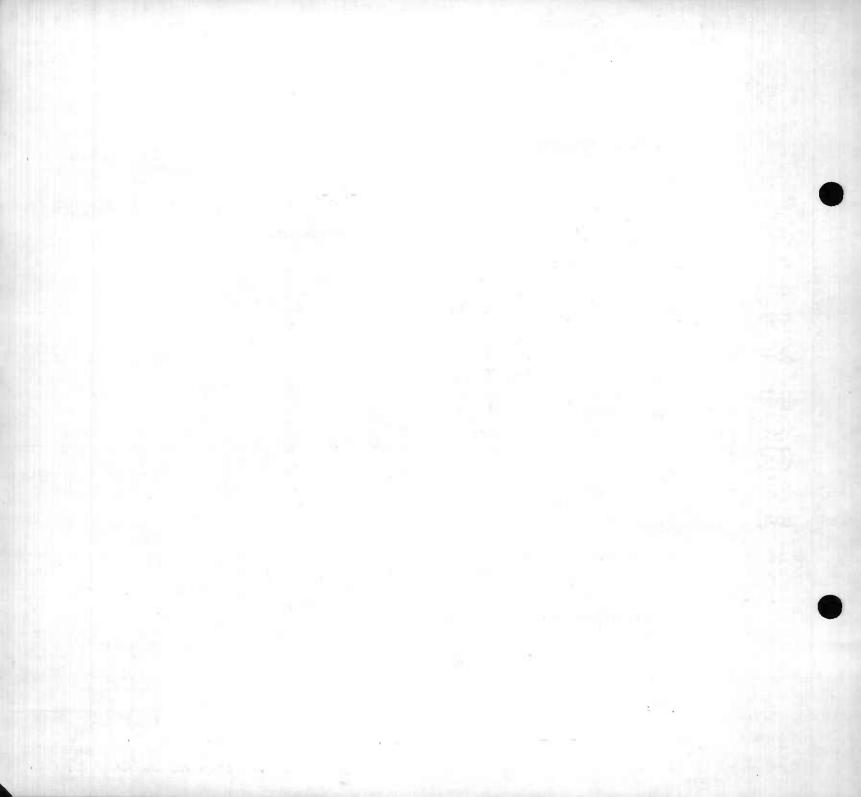
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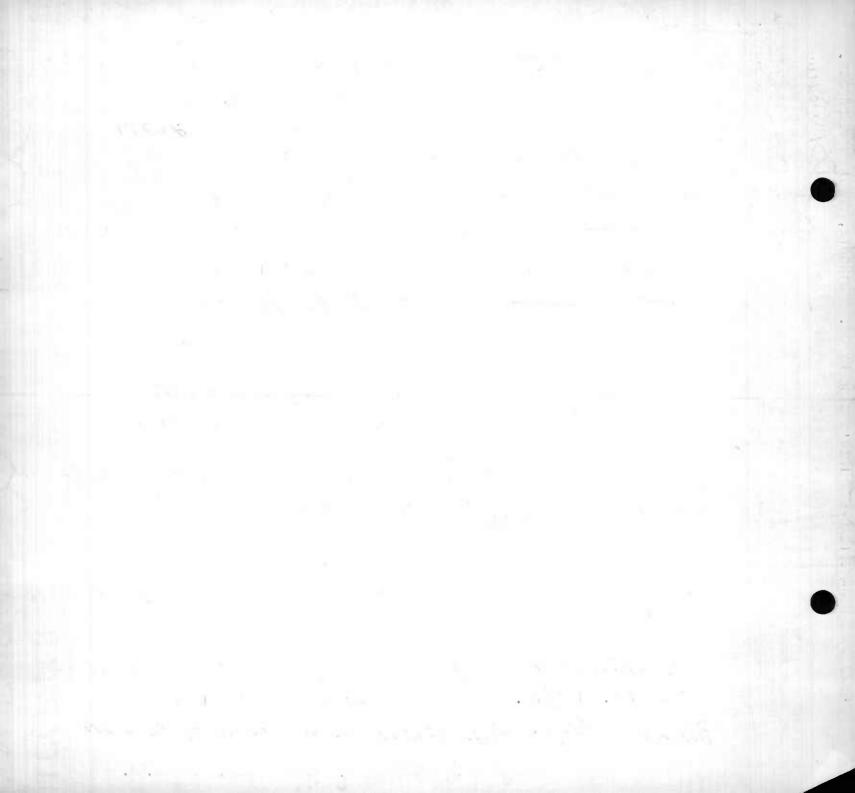


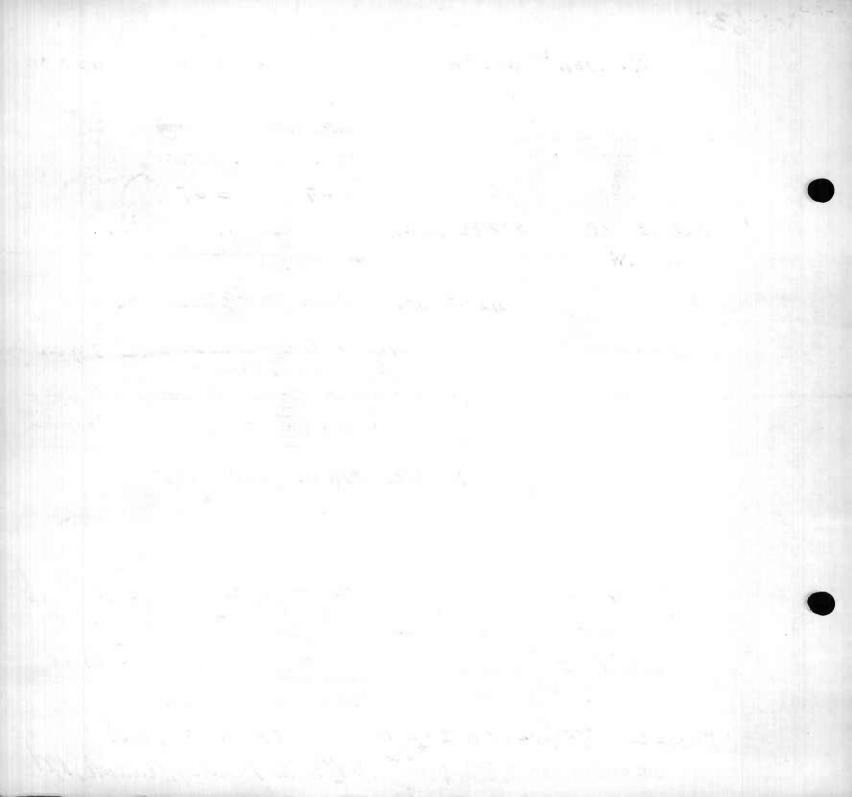
IMPORTANT

DIRECTOR:

FUNERAL







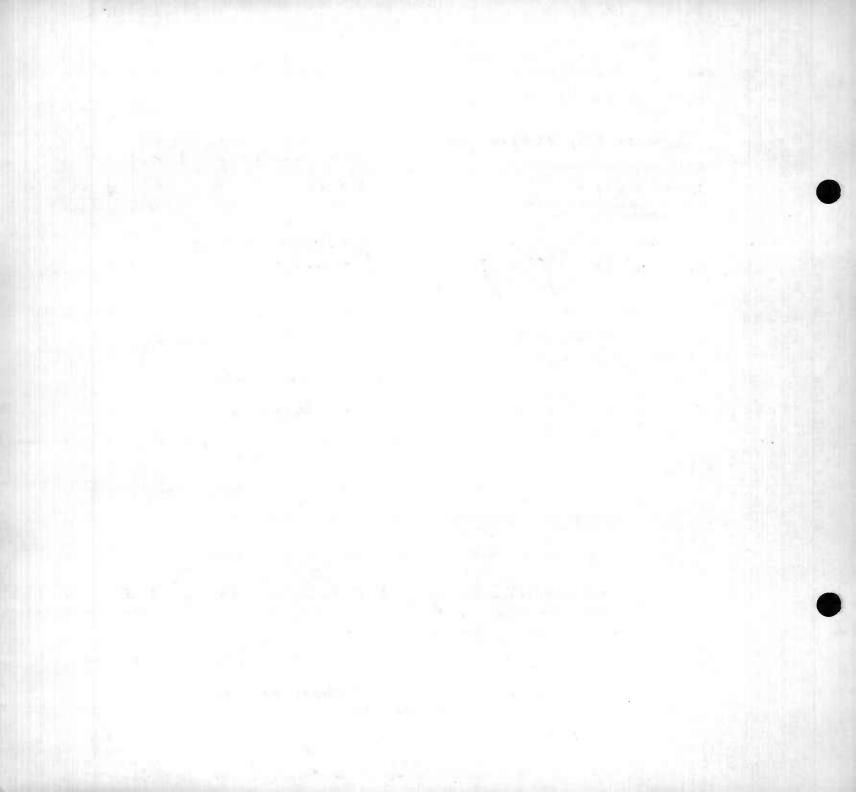
IMPORTANT

DIRECTOR:

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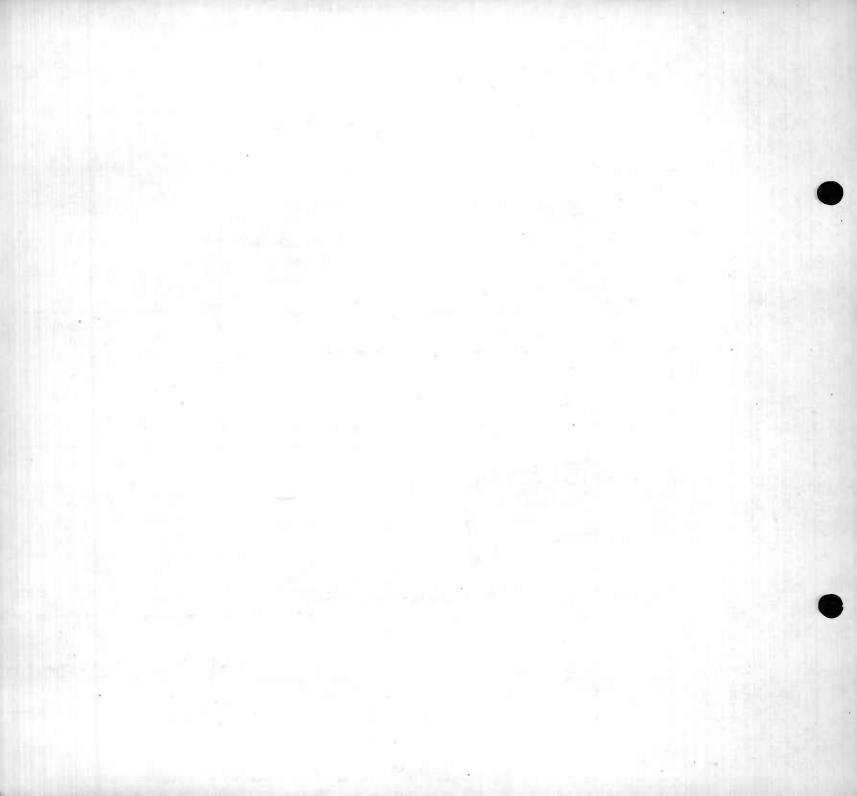
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

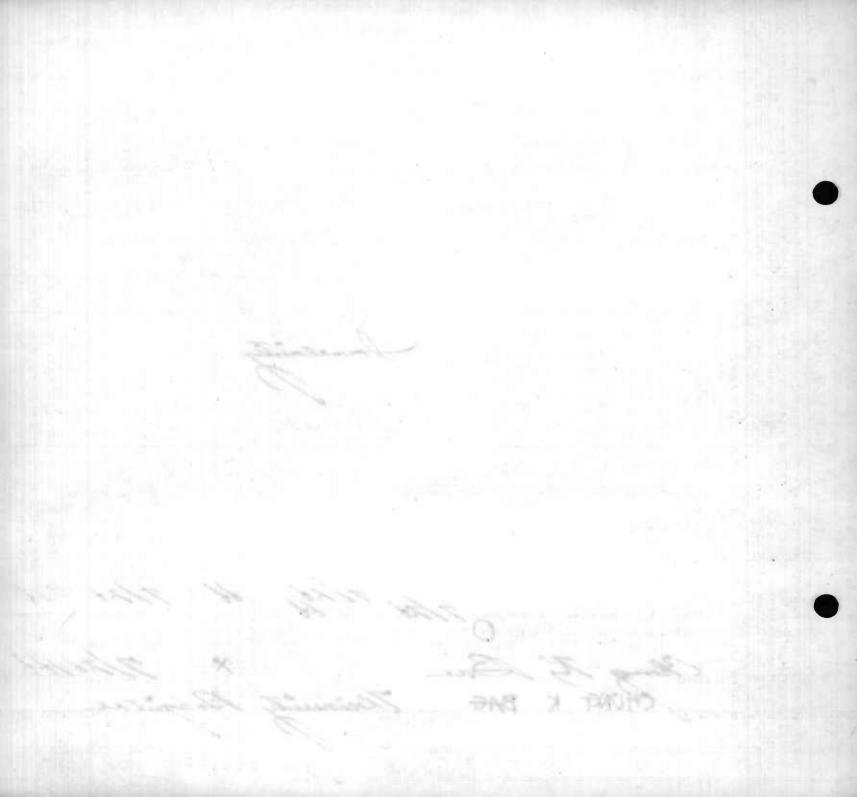


	This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased p
1	if deatl rect or (4) Unde was in the de
DRTAN	f the di ty kind; d death
: IMPC	Also, in all of ar or
FUNERAL DIRECTOR: IMPORTANT	xamine xaminer ) A fract who pr
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FUNER	by a m 2) Body re the p
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	release accident t a hospi
	ody was s: (1) An D.O.A. at
W	This the bashow was dece

BIRTH NO. 66-1699866 08489	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 0848
BIRTH NO.  M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	00 0040
1, NAME OF DECEASED	V=0.//=/:	2. DATE AND	HOUR OF DEATH	1010
(Type or Print) BABY BOY 3. PLACE OF DEATH IN BALTIMORE MARYL	LOCHOR	4. USUAL RESIDENCE (Where	66 -	100
3. PLACE OF DEATH IN BALTIMORE, MARIE	AND	A. STATE B. COUNT	Υ	ilution; residence betere
FULL NAME OF (If not in hospital or i HOSPITAL OR oddross or location)	nstitution, givo street	C. CITY OR TOWN (If outs	NO	IRAL and also towards
INSTITUTION FRANKLIN S	QUARE HOSPITA	BALTIMOR		9-0
6 100 N. CAC.		D. STREET ADDRESS (If re	rol, give location)	
	MARYLAND	236 S, CALH		٦.
MAIT WITH	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	2/11/10 10		Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10)	NEWBORN KIND OF BUSINESS OR INDUSTR	8/16/66 Y 11. BIRTHPLACE (State or foreign	n country)	12, CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
MICHAEL ZO	CHOL	BARBARA		THOMAS
15, Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT	,,,,	ADDRESS
(Yos, no or unknown) (If yes, give wor or dates o	SECURITY NO.			
18.5 60.4	CAUSE	OF DEATH		INTERVAL BETY
DISEASE OR CONDITION DIRECT	TLY			ONSET AND E
LEADING TO DEATH	(A)	CIRCULATORY	FAILURE	
(This does not mean the mode of dy heart foilure, ostherio, etc. It meons the	diseose,			
injury or complication which caused de	oth.)	APHRAGUATIC	HERNIA	
DISEASES OR CONDITIONS, if only	DUE TO	IAPHRAGUATIC (CONGENITAC) KGENESIS C	C PAR	TIAC
rise to the above couse (A) sta	oling the (C)	IGENESIS C	FLEFT L	wille
UNDERLING CONDITION last.				
O OTHER SIGNIFICANT CONDITIONS COM				
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.		Too a large and the state of th		
19A. DATE OF OPERATION 19B. CONDIT	MED WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	otc.)	office bidg., INJURY OCCUR?		V
21D. TIME (Month) (Doy) (Your)	four) 21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not Wh		10	
22. I certify that (I) (this hospital) a		7/16/66 - 1 - PK #	10 10 p	4-8/161
that (I) (we) lost sow the deceased of	live on 10 gg	8/1619 66 ond the	t in (my) (our) opini	on death occurred o
ond hour ond from the couses stated				
23A. SIGNATURE				23B. DATE SIGNED
Hoseng:	M.D. A	ys. Director I	hy s.	8/16/6
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		9
Training Trypol		7	0011	11
HONORATA	H. BENGZONM.D	. FRANKLIN	SQUARE	HOSPIT
HONORATA  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	H. BENGZONM.D	. FRANKLIN		HOSPIT,
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) DISPOSAL 8/27/66	FR. SE, HOSP.	PRANKLIN REMATORY 24D. LO		
HONORATA  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  DISPOSAL  8/22/66		FRANKLIN REMATORY 24D. LO	CATION (City	HOSPITA  Town, or county)  ADDRESS  CE - BCHF



66-15041 66 08491	BALTIMORE CIT	Y HEALTH DEPARTMENT	\ /	66 08490
BIRTH NO. PARIL DI		ATE OF DEATH	Registered No	00 00430
M.E. CASE NO. SHOW GIR	+ FLOT	2. DATE AN	D HOUR OF DEATH	
Type or Pright FOCITY MACO	17111		-66	11:12 6
PLACE OF DEATH IN BALTIMORE, MARYLA	(ND	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admiss
		A. STATE B. COUN	TY	1.10
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location)	stitution, give street			
INSTITUTION		C. CITY OF TOWN	side city limits, write R	URAL ond give (whiship)
1		1 Dalle	my ds	my
/ 11111 Kta		D. STREET ADDRESS (If	urol, give location)	P. V Dal
11111			33/xx0	revare ka.
. LEX 6. RACE 7. 1	WARRIED, NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
F. W	WIDONED, DIVORCED (specify)	7-26-66	iosi binidoyi	8 2
OA. USUAL OCCUPATION (Give kind of work 10B.	KINE OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)		maryinn	1	WHAT COUNTRY?
2 FATHERS NAME		11/11/1/1/19		10017
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	Λt	FINVD
		YIRGINIA .		120/1
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.			
110		DE DEATH		latera
18. 7.76 X 1		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	//		
(This does not mean the mode of dying	(A)	Immalail,	<b>7</b>	
hearl foilure, osthenio, etc. It means the	diseose,	1		
injury or complication which coused dea		///		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,				
rise to the obove couse (A) stot UNDERLYING CONDITION lost.	ling the (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
C. Senerito Contollion losi,				
OTHER SIGNIFICANT CONDITIONS CONT	PIRITING			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED	1 4	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	iii voimilote	
			E 1.7.	
21D. TIME (Month) (Doy) (Year) (H		21F. HOW DID INJI	JRY OCCUR?	1111-1111
(APPROX)	While At Not Wh			
22			11.	7/21
22. I certify that (I) (this hospital) at	17/7/	/./	966 10	196
that (I) (we) last saw the deceased al	0,,,		ot in(my) (aur) opIn	ian death accurred an the
and hour and from the causes stated	above (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
130 70	M.D. At	tending Med. Director	Stoff Phy s.	17/7/11
( Reved /4)	OL.		r ny s. C. J	110010
23C. PHYSICIANS	Ph Ph			111.010
NAME (Type)	Ph Ph	23D. ADDRESS	27	/////
CHUNG K.	BAE M.D		NEED M	SPYLAND.
HUNG K.	BAE M.D.	23 D. ADDRESS	CATION CITY	SDYLAND , hown, or Eduly) D (Sto
CHUNG K.	BAG M.D	23 D. ADDRESS	NEED H	SCHOOL
4A. BUPIAL CREMATION, 24B. DATE REMOVAL (Specify)  8/18/66	BAE M.D. 24C. NAME OF CEMETERY OF CI	23D. ADDRESS REMATORY  UNIVERSAL OF THE PROPERTY OF THE PROPER	NEED H	SCHOOL
14A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  SA. DATE REC'D BY HEALTH DEPT.   125B.	Ph. M.D. 24C. NAME OF CEMETERY OF CI	23 D. ADDRESS	NEED H	SCHOOL  ADDRESS
4A. BUPIAL CREMATION, 24B. DATE REMOVAL (Specify)  8/18/66	BAE M.D. 24C. NAME OF CEMETERY OF CI	23D. ADDRESS REMATORY  UNIVERSAL OF THE PROPERTY OF THE PROPER	NEED H	SCHOOL



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-15086

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

the Such

uo

deceased

VS 150-REV. 1/1/65

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? US ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED ADDRESS

Registered Na.

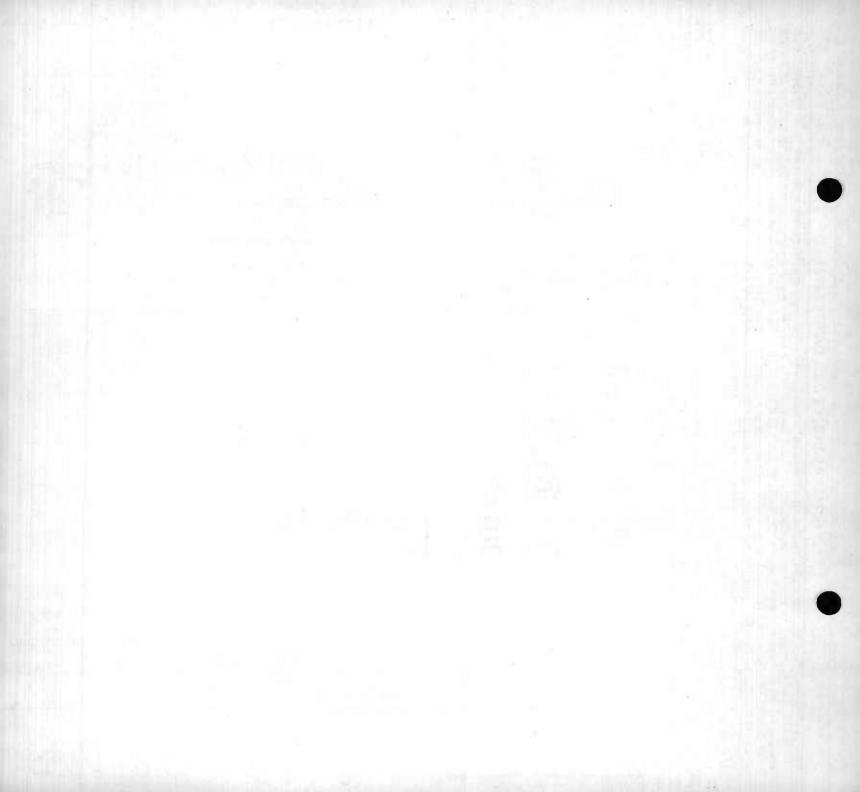
8

2. DATE AND HOUR OF DEATH



AUG 23 1966 VS 150-REV. 1/1/65

BIRTH NO. 66-165766 08492	BALTIMORE CIT	Y HEALTH DEPARTMENT		CR DRADO C
BIRTH NO. DO UCAJC	CERTIFICA	ATE OF DEATH	Registered No.	66 08492
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) BABY BOY BRYAN	IT	JULY		9:30 AM
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	11	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before odmission)
		MARYLAND	TY	
FULL NAME OF (If not in hospital or institution, document of the state	give street	C. CITY OR TOWN ()f outs	-1414- H14	BILIDAL and also have the
INSTITUTION .		BALTIMORE		
uncouly Hospilas		D. STREET ADDRESS (If	ural, give location)	2 10 00
Balhmore Haryland	d	714 disquit	n	
	NEVER MARRIED	-	P. AGE ()n yeors	If Under 1 Yr., If Under 24 Hrs.
M Regro WIDOWET	D, DIVORCED (specify)	JULY 31 , 19 86	ost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION Give kind of work 108, KIND OF	BUSINESS OR INDUSTR		On ACCOUNTS	12. CITIZEN OF
lone during most of working lile, even if retired)		Maryland	,	WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
RAVFFELL BRYANT			GOODING.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT SHIRLEY	GOODING (MO	THER) ADDRESS
Services	SECURITY NO.	714 Hisqu	uth St. Bo	eltimore Ald.
18.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(4)	Respiratory Sistres	& Stendrome	9 hours
(This does not meon the made of dying, e.g.,	DUE TO		1 10000	
heart loilure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		0 - +		248 110010
ANTECEDENT CAUSES	(B)	Prematurity	7.00.4000000000000000000000000000000000	·····································
DISEASES OR CONDITIONS, if ony, giving	DUE TO	0		
rise to the above cause (A) stating the	(C)	warindahanadahanadanana gangan gappipagan gaga <u>bigiga agaga</u>		
UNDERLYING CONDITION last,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E .			
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20 A. AUTOPSY? On No	208 IE VEC WERE	EINDING: CONSIDERED
WAS PERFORMED	WHICH OF EXAMON	7010131: Eas of 10	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hom DEATH (notily medical examiner)	ne, form, foctory, street,	olfice bldg., INJURY OCCUR?	th in sommore	ary, gree exect tocomon,
0				
OF INJURY	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	ile At Not Wh			
22. I certify that (I) (this hospital) attended t	he deceased from	July 31 (1:00 AM) 1	9 66 ta 92	ly 81 (9 35 DM) 19 66
that (I) (we) last sow the deceased olive on		7	ų.	nian death accurred an the date
			, (our, upr	
and haur and fram the causes stated abave. (I	) (we) (aia) (aia not)	view the body after death.		23B. DATE SIGNED
Of A fedi	M.D. A	ttending Med.	Stoff S	
Sturnbert & dernan	PH		Stoff Phys.	July 31, 1966
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
HUMBERTO a. HERNAN	DEZ. M.D	. UNIVERSITY HOS	PITAL BALT	LUDAE HARKAND
	AME of CEMETERY of C	REMATOR NA U PADE LO	DU LINGUADO	ly. (avent pa sounts). (1) Distote)
E-18-64		TIMULED CITY	X/ MEDIC	I CCHOO!
	OF REGISTRAR	250- PUNERAL DIRECTOR	X-WEUL/	ADDRESS
	E FarberMA	MORT	HARV CE	DVICE DCHD
AUG 23 1966 1 0 8	C / Consecutiva	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	OWILL DE	AVICE - BUILD



BALTIMORE CITY HEALTH DEPARTMENT

66 08493

If Under 24 Hrs.

19

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NTERVAL BETWEEN

ONSET AND DEATH

hours

19 66

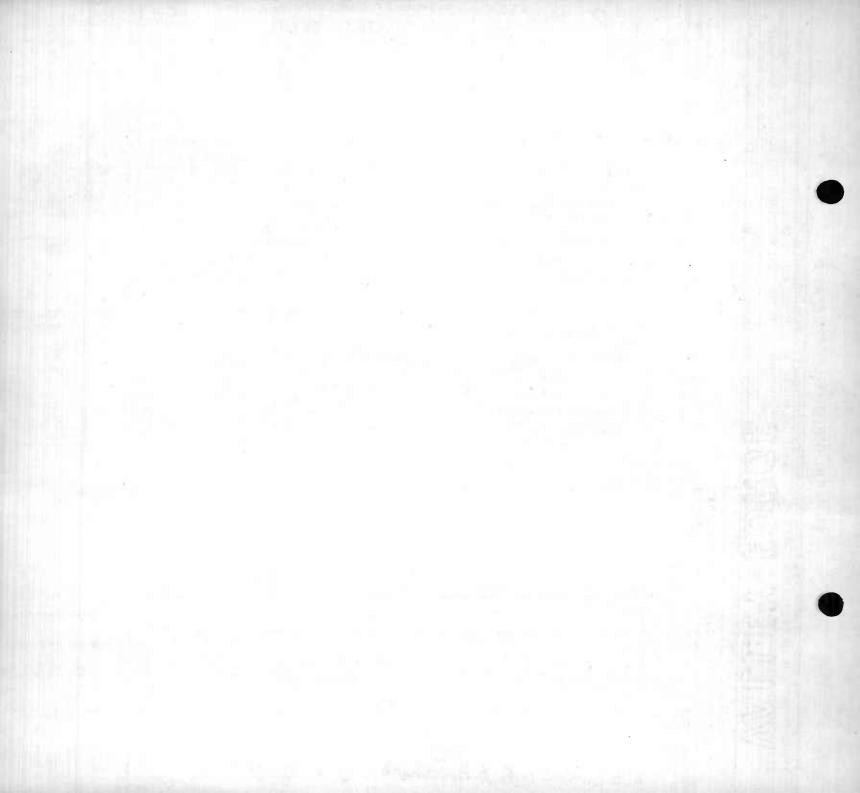
ADDRESS

WHAT COUNTRY?

ADDRESS

25

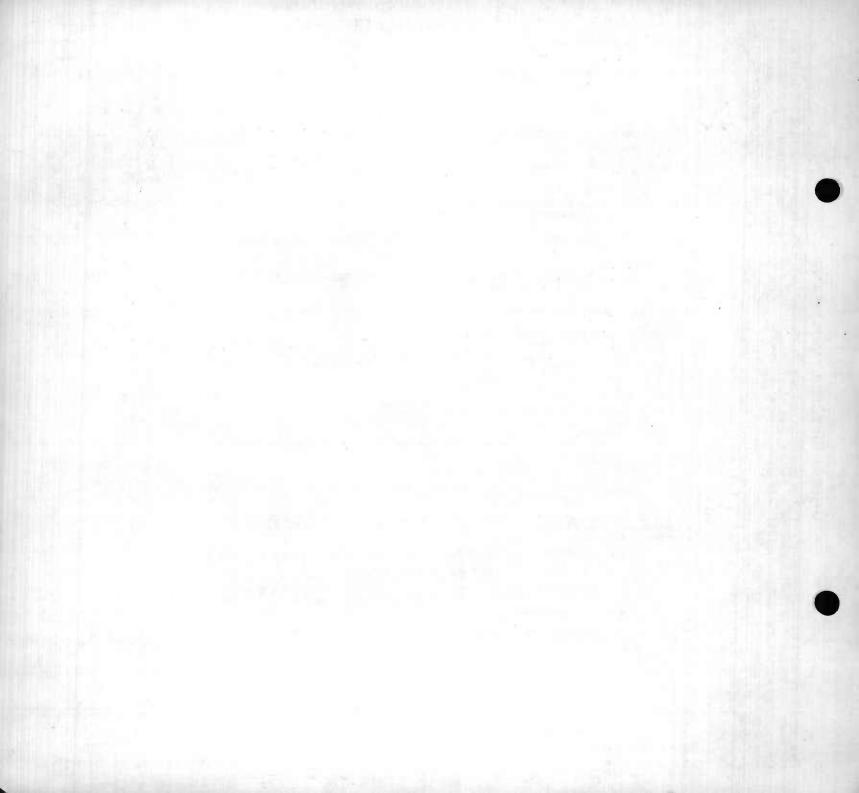
Registered No.



AUG VS 150-REV. 1/1/65

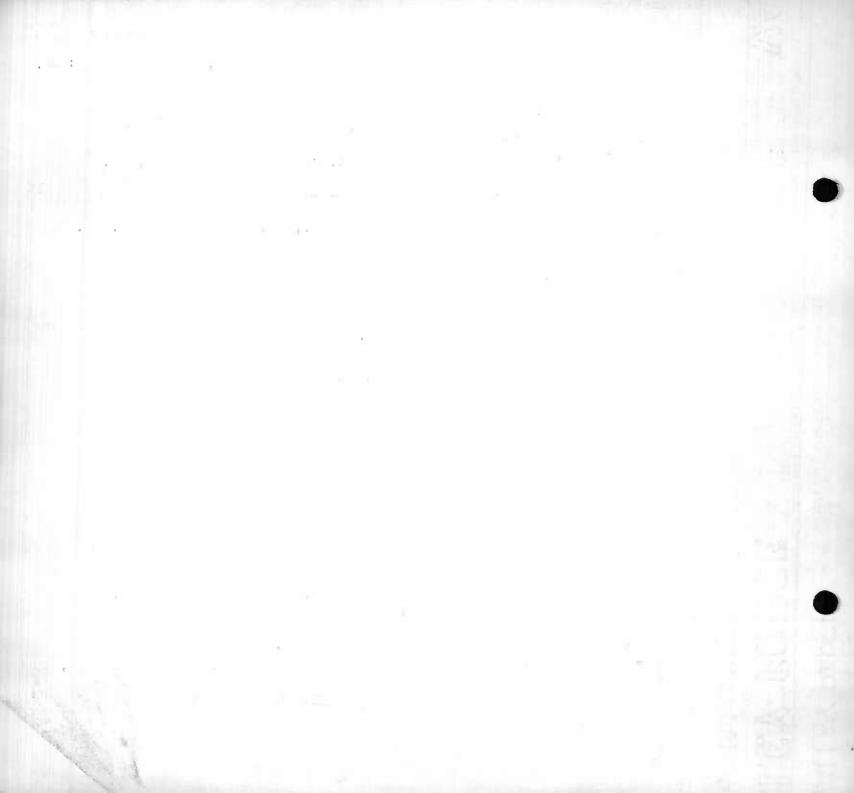
BIRTH NO. 66-17488 66 08494	BALTIMORE CITY	HEALTH DEPARTMENT		66 08494
	CERTIFICA	TE OF DEATH	Registered No.	00 004.04
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
Type or Print) BARY BAY	SMITH	8.	8-66	12.40 b
PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE I Where	deceased lived. If insti	tytion: residence before admission
		A, STATE B. COUN	IY A T	10
HOSPITAL OR III not in hospital or instituti	on, give street	C. CITY OR TOWN. W outs	V	I I I
INSTITUTION	1 . 1	12007	side city limits, write RU	KAL and raive township)
ININERSING I MAKE	JLAND	D. STREET ADDRESS (If I	urol, De location)	col
Unes Toil		21620	-1-1	1. 1. 0 de 1.
402K1114K	IFD AIFLIED ALABOUED	0700	Lakevie	waren
	WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
MALE NEGRO	·	8-8-80		M 22 M
A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
N/A- N	A	BALTIMORE	Md	05
FATHERS NAME	1	14. MOTHER'S MAIDEN NAM	AE .	V> ,
Class =		2.00		
THERE'S ON	114 50014	12 1100111	ree 14	SAMO
es, no or unknown) lift yes, give wor or dotes of services?	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
W/A	NIT			
18. 7 7 2 0 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			^	ONSET AND DEATH
LEADING TO DEATH	IN Kes	, bIRATORY	FRR. CS.	22 MIN
(This does not mean the made of dying,		WAKASULA C	PILCO	
heart failure, asthenia, etc. It means the disectinjury as camplication which coused death.)	150,	101100000	11020	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, give	DUE TO			
rise to the abave cause (A) stoling				
UNDERLYING CONDITION last.		······································	9 0 7 4 4 9 9 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	TING			
DISEASE OR CONDITION CAUSING IT.	***			
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
		les		
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUP?	(If in Boltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME   Month) (Doy)   Year)   Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX)	While At Not Whil			
IMITROAL	Work At Work			
22. I certify that (I) (this haspital) attended	ed the deceased from		9to	19
that (I) (we) lost sow the deceased alive of	on	19ond tha	t in (my) (our) opini	on deoth occurred on the de
and hour and from the causes stated above				
23A, SIGNATURE		The body offer deoffs.	io	3B. DATE SIGNED
	M.D. Atte	ending Med.		
Mark Miller			Stoff Phys.	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	M.D.	ANATOMY DO	DO OF MA	DAVE AND
A. BURIAL CREMATION, 24B. DATE 240	. NAME of CEMETERY OF CR	MATORY UTT 240, LO	CATION UT THE	law (Stote)
REMOVAL (Specify) 8/18/66		INIVEDCITY	ICDICAL C	CHOOL
	AE OF REGISTRAR	DISTA ENSITY N	IEDICAL S	CHUUL
	- 900	25C. FUNERAL DIRECTOR	DY CT	ADDRESS
AUG 23 1966 R.O.	B. E. Starther Min	A MURIUM	KY SERVI	CE RCHI

BCHD



FUNERAL DIRECTOR: IMPORTANT

66-	15487 00105	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08495
BIRTH NO.	1565 08495	CERTIFICA	ATE OF DEATH	Registered Na.	00 00430
NAME OF D				AND HOUR OF DEATH	
Type or Print)	Baby of Samuel	Green			
. PLACE OF D	DEATH IN BALTIMORE, MARYL		HA USUAL RESIDENCE (W	ust 2, 1966	9:20P.
			A. STATE B. COL	YTAL	
FULL NAME		nstitution, give street	Maryland		(14
HOSPITAL O	Provident Hos	1 + 0 ]	C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
	Frovident nosi	Ctar	Edgewater		3000
	1514 Division		D. STREET ADDRESS	If rural, give lacation)	
	Baltimore, Man	ryland	Rt. 2 Box	120 Edgewat	er. Md.
. SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Days Haus M
Male	Negro	WIDOWED, DIVORCED (specify)	8-2-66	last birthday)	1
		Single  B. KIND OF BUSINESS OR INDUSTR		reign country)	12. CITIZEN OF
	of working life, even if retired)				WHAT COUNTRY?
			Balto., Md.		U.S;A.
3. FATHER'S N	AME		14. MOTHER'S MAIDEN N	AME	
Talan	Canada		Comple Tales	0.00	
5. Was Deceas	Green ed Ever in U. S. Armed Forces	1 6. SOCIAL	Sarah Johns	OIL	ADDRESS
es, no ar unkno	wn) (If yes, give war ar dates a	service) SECURITY NO.			
1B7	20151	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIREC	TLY	Brain		סוו זנו אוס סנאוו
	LEADING TO DEATH		17 × 010 101	11 11 4-	
iise la	OR CONDITIONS, if any the above cause (A) sta NG CONDITION last.		94779 BBG 9 7 7 8 8 6 8 6 8 6 8 8 8 8 8 8 8 8 8 8 8	***************************************	
TO THE	II  SNIFICANT CONDITIONS CON  DEATH BUT NOT RELATED  OR CONDITION CAUSING IT.				
	OF OPERATION 198. CONDIT		20 A. AUTOPSY? IY s or I	Na) 208. IF YES, WERE	FINDINGS CONSIDERED
2/	WAS PERFOR	MED	Y	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacation)
21D. TIME	(Month) (Doy) (Year) (1	Hour) 21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
OF INJURY		While At Not Wi	nile 🗀		
[APPROX.]		Wark At War	k 🗀		
22. I certi	fy that (I) (this hospital) a	ttended the deceased fram	August 2,	19 66 to Aug	gust 2, 19 6
that (I) (w	e) last saw the deceased o	live on August 2,	19 66 and	that in (my) (aur) an	inlan death accurred an the
		above. (1) (We) (did) (did nat)			The second second second
		apove. (i) (ue) (aia) (aia nat)	view the bady after death	•	DATE SIGNED
23A, SIGNA	FA a	11)	ttending - A4e4 -	Stoll -	23B, DATE SIGNED
	· Ll Carril	M.D. A	ttending Med. Director	Stoff Phys. 32	August 15, 19
23C. PHYSIC	CIAN'S		23D. ADDRESS		
ITANTE	HERIIAH	DO CARRII M.C	1514 Divi	sion Street	At
4A. BURIAL C	REMATION, 24B, DATE	24C. NAME of CEMETERY AND	REMAION VINE AS	TO THE MAN	Cry thurs of thony) (Sto
REMOVAL	L (Specify)	A	THEOLIT DOWN	TANGE MAIN	
	8-18-6		MIVEBCITY M	EDICAL SO	CHOOL.
-		B. NAME OF REGISTRAR	VI VERGITUNERAL DIRECTO	NA THE PARTY OF TH	ADDRESS
P	NUG 23 1966 (1)	Pert & tarberma	MORTHARY	K SEDVICE	DCHD
'S 150-REV. 1/	1/65		A TATAL COLUM	U DEN YIEL	- built



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

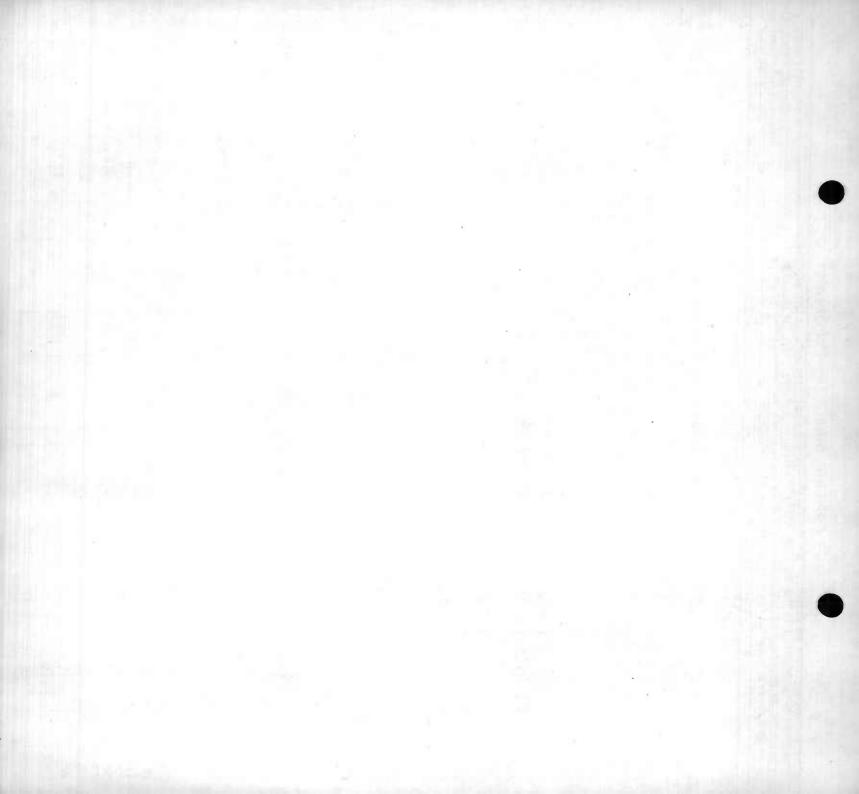
BALTIMORE CITY HEALTH DEPARTMENT

Il Under 24 Hrs. Haurs i Min.

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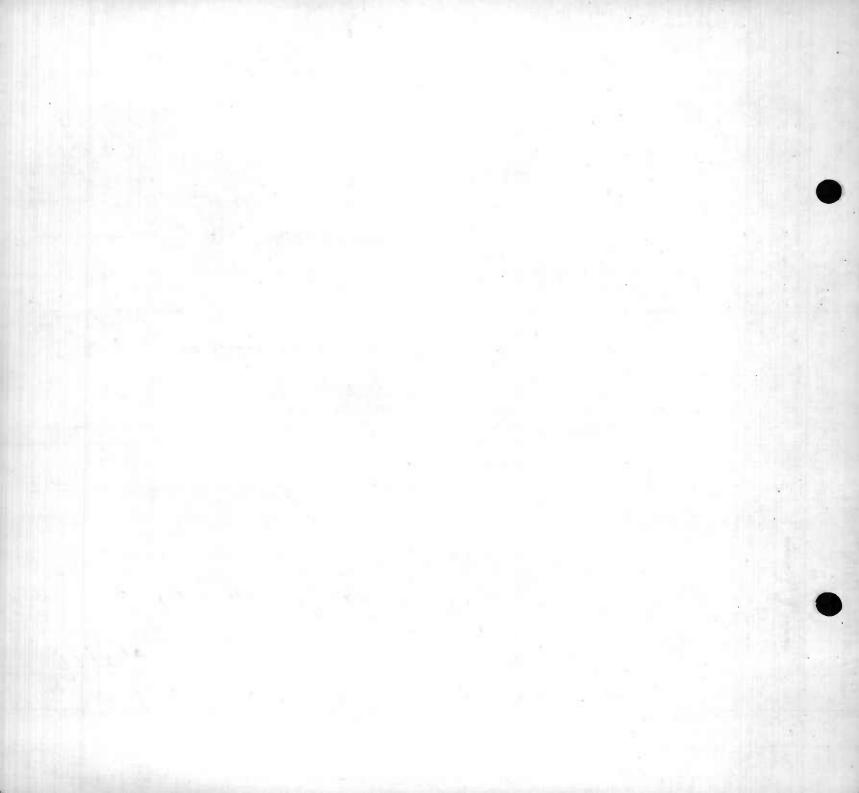
INTERVAL BETWEEN

ONSET AND DEATH

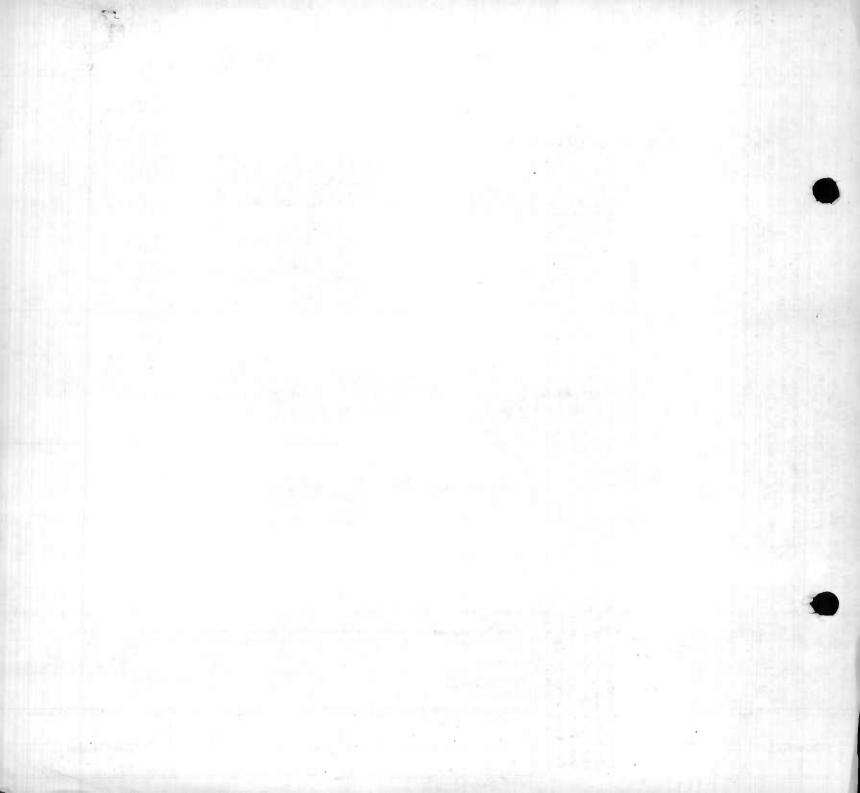


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

66 (18407)	BALTIMORE CITY	HEALTH DEPARTMENT		00 00 00
METH NO. 66-16230 66 08497	CERTIFICA	TE OF DEATH	Registered Na	66 08497
T. NAME OF DECEASED (Typo or Print) Keeling, Baby	Boy "A	8	13/66 1	o'alm "
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	) ,	A. STATE B. COUN	ΤΥ 1	itution: rosidence before admission
FULL NAME OF (If not in hospital or institution, oddress or location)   NSTITUTION	live street		side city limits, write RL	IRAL and give township)
butheran Hos	pital	D. STREET ADDRESS (III	cklow	Rd
Male N WIDOWED	NEVER MARRIED O, DIVORCED (specify)	8/5/66	8 days	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BUTHPLAGE (Stote or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Teclina, 18):11:5		14. MOTHERS MAIDEN NAM	CO	
15. Was Docessad Ever in U. S./Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of sorvice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 4 X 1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	w Ou	Premutority	infection	8 days
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,	DUE TO		0	
injury or complication which coused death.)  ANTECEDENT CAUSES	(8)	Tremutority		
DISEASES OR CONDITIONS, if any, giving	DUE TO		ik di dinak di serekada da (jiligi (jili da di diskrisa penginji) dili da di diskrisa penginji dipili dili da di diskri	0000
rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	(C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  218. hom etc.)	PLACE OF INJURY (o.g., i	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED  Ile AI Not Whi At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attended the	ne deceased fram	Angres 8	1966 to Ang	13 1966
that (I) (we) last saw the deceased alive an	My 13		at in (my) (aur) apini	an death accurred on the da
and haur and from the causes stated above. (I	) (We) (did) (did nat)	view the bady after death.		DAY CIGAIRD
She signature &	M.D. Att	ending Mod. Director	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type) 5. KIM	M.D.	23D. ADDRESS	men of En	Chrony 35.
24A. BURIAL CREMATION, 24B. DATE 24C.N/	AME of CEMETERY of CR	EMATORY 24D. L. UNIVERSITY	MEDICAL.	SCHOOL (Stote)
	OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
AUG 23 1966 (P. Dec. 5	t & Stanbey MA	a MORTU	ARY SERVI	CF BCHD



	66 08498	BALTIMORE CITY	HEALTH DEPARTMENT		66 08498
	H NO.  CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 00400
1. N.	AME OF DECEASED		2,DATE AN	D HOUR OF DEATH	1
(Тур	e or Print) DENTON A+ 7	AlliN	aug	19, 196	6
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If ins	stitution: residence before admissia
_			A. STATE B. COUNT	0	
H	ULL NAME OF (If not in hospital or institut address at location)	ian, give stroet			URAL and give township)
/11	NSTITUTION	. 11	0/4	noil	11-07
9	maryland Genera	el Musp.		wol, give location)	
- 1	rungeous reverse	1,109.	1808 St. 6	2110 50	
5. S		RED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr If Under 24 H
5	00011.	WED, DIVORCED (specify)	Opt 20-18 44!	ast birthday)	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
IÓÀ.	USUAL OCCUPATION (Give find of work 108, KINI	D COLUMNIC	11. BIRTHPLACE (Stote or foreign	On country)	12. CITIZEN OF
	during most of working life, even if retired)		2	0.0	WHAT COUNTRY?
	anengloyee		Ballo"	rha	
3. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
1	Cours talling		Dora		
5. V	Nos Deceased Ever in U. S. Armed Foices? ,no or unknown!(If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
103	, no or unknown (if yes, give wor or dates at servi	SECURITY NO.	Milde Akel	2.20.5/05	1 mc Colon D.
	18.	CAUSE O	The control of	oran 101	macelle G
	7-7-8/	CAUSE O	P DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ante	AINSCIFFATTE PAR	DIO - VASCULAL	7
	(This does not mean the mode of dying,	e.g., DUE TO	MOSCLEROTIC RAN		
	heat failure, asthenia, etc. It means the dise				Α
	ANTECEDENT CAUSES	(B) Thre	mie.		of weeks -
		DUE TO	***************************************	**************************************	- <del></del>
	DISEASES OR CONDITIONS, if ony, girtise to the obove couse (A) stoting				
	UNDERLYING CONDITION lost.	***************************************	***************************************		
	II Constitution				
ATION	TO THE DEATH BUT NOT RELATED TO	TING			
	DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
MI L		Vota at the second	1010		
_	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o	ffice bldg., INJURY OCCUR?	(If in Ballimare	City, give exoct locotion)
U	DEATH (notify modical examiner)	otc.)			
ш	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
>	(APPROX.)	While At Not While Work At Work			
	22 1		/	966 ta 81	116
	22. I certify that (I) (this hospital) attend				19 4 6
	that (I) (we) last saw the deceased alive		19 <u>06</u> and tha	t in(my) (aur) apin	ian death accurred an the d
	and haur and from the causes stated abav	e. (1) (We) (did) (did nat) v	view the bady after death.		
-	23A. SIGNATURE				23B, DATE SIGNED
	metin 8. Ode	M.D. Atte	onding Med.	Staff Phys.	8/20/66
	23C. PHYSICIAN'S		23D. ADDRESS		
	NAME (Type)	LUM HD M.D.	MITN. CA	LUERT DT.	
24A.		C. NAME OF CEMETERY OF CR	EMATORY 1240 40	CATION (City	y, town, or county) (State)
1	REMOVAL (Specify)	11-1	12	A-A-	7. IO WILL OF COUNTY) (STOLE)
1	Jurial 10/20/66	Mr alleburn	- Clm 120	Uto. /	Maryland
25Å.	DATE REC'D BY HEALTH DEPT. 258. NAT		25C. FUNERAL DIRECTOR	1	ADDRESS
	AUG 23 1966 (P.O.	52 Fo. C. 48	O Cod Stall	none 18	27 W. Horthe
-	50-REV. 1/1/65		0		



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	CC OSEO	`	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 08500
BIRTH NO.	66 08500		CERTIFICA	TE OF DEATH	Registered No	00 00000
E CASE NO.			CERTIFICA			
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	10
ype or Print)	JACK 140	RN		8	14/66	710 9
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND				stitution: residence before admission
				A. STATE B. CO	UNTY	
FULL NAME	OF (If not in hospital	or institution.	give street	Md	FREDERICI	C
HOSPITAL OR	oddress or location		9			RURAL and give township)
INSTITUTION				FREDERIG		(20-100)
INIVE	RSITY Ites	P		* *		60 00
				D. STREET ADDRESS	(If rurol, give location)	
				RT 2		
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
n	11		D, DIVORCED (specify)	2/24/06	lost birthdoy)	Months Doys Hours Min.
	W		RCED		60	
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	f working life, even if retired)	1 cours	TRUCTION	178. W.	1-	USA
CARPEN		CONS	1,000,000			USH
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
UEA	IRY HORN			1	177	
					DOPER	
Wos Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
s, 110 or Unknow	(If yes, give wor or date	s of service)	SECURITY NO.	CHART		
No		-	228-09-9684	CIMMU		
1B. 1)	01		CAUSE O	DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	ECTIV				ONSET AND DEATH
DISEA	LEADING TO DEATH	RECIEI	0	0		75
(This days		duine e	(A) Eys	mora		i d vao.
	nol meon the mode of , osthenia, etc. It meons		DUE 10	1		
	mplication which caused		- 0		0 -10	
	ANTECEDENT CAUSES		(8) 20	une and	neplespally	2 mo.
			DUE TO			
	OR CONDITIONS, if			^		3 d.
	ne above cause (A)	slaling the	(C) 2141	~poodoo	<b>,</b> 	
UNDERLYIN	G CONDITION last.					
OTHER SIGN TO THE DISEASE OR	IFICANT CONDITIONS C	ONTRIBUTIN	G	4		
TO THE	DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	E LUL	Naneur man		
	F OPERATION 198. CON			20 A. AUTOPSY? (Yes or	Mail 200 IE Vee Weer	CANCIDED CONTINUED
6/15	WAS PER		WHICH OPERATION	AU OPST! (les of	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
6/15	166		copy			
21 A. ACCIDI	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
	UTING CAUSE OF y medical examiner	hom etc.	ie, form, l toctory, street, of	fice bldg., INJURY OCCUR?		
	y medicor exominen	0.00			1	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF HAJORI		Wh	ile At Not While			
(APPROX.)		Wo			100 pt 100	
22. I certify	y that (1) (his hospital	) ottended +	he deceased from 7	29/66	19 to 8	4/66 19
. 2						
that(()) we	) lost saw the decease	d alive on	8 14/66	19and	that in (my) (our) opi	nion deoth occurred on the do
and hour or	od from the couses stat	ted above.	We) (did) (did not) v	iew the bady ofter deot	h .	
23A. SIGNAT		*	7 (10) (010) (010	104 116 500, 5110, 5001		IOOR DATE SIGNED
234. 3101141	0 04	1				23B. DATE SIGNED
June	e t. tole	tor	M.D. Atte	nding Med. Director	Stoff Phys.	8/14/66
23C. PHYSICI	AN'S			23D. ADDRESS	.,,	
NAME						
			M.D.			
A. BURIAL CP	EMATION, 248. DATE	24C N	AME of CEMETERY OF CRE	MATORY 1240	LOCATION (Ci	ty, town, or county) (Stote)
REMOVAL		240,147	THE OF CENTERIES OF CRE	240	LUCATION (CI	17, 10 All, or county) (31016)
Burial	A110-17	-66 Rest	t Haven Mem. G	ardens	orth of Freder	rick, Md. 21701
	D BY HEALTH DEPT.		OF REGISTRAR		0012.180	- ADDRESS .
DAIL RECE		DO A	C to D. MA	THE DIRECT	They couped?	FREDERICK
	AUG 23 1966	Valeel	r E , Jarber MA	~ Lechison	yr f/ nume	The said
150-REV. 1/1	/45	1	7 5 0	0 0	Total .	1111

